



## **HIPAA Privacy Policy**

### **NOTICE OF HIPAA PRIVACY PRACTICES**

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### **1. We Will Safeguard Your Protected Health Information**

NAF's policy is to safeguard individually identifiable information that relates to your health or health services you obtain. This kind of information is called "Protected Health Information" or "PHI." NAF is required to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

We will follow the privacy practices described in this Notice and will not use or disclose PHI about you without your written authorization, except as described below. We reserve the right to change our privacy practices and this Notice at any time and to make the new privacy practices and Notice effective for all PHI that we maintain at the time of the change. This notice and any revisions will be on the NAF web site at [www.prochoice.org](http://www.prochoice.org). We will send you a copy of the revised notice at your request.

#### **2. How We May Use and Disclose Your PHI**

We may use your Protected Health Information for purposes of treatment, payment, and health care operations. For other purposes, we will request your authorization for the use of your PHI except where the law permits or requires us to use or disclose your PHI without your consent or authorization. If we disclose your health information to an outside entity so that the entity may perform a function on our behalf, we will enter into an agreement with that entity to protect your PHI in the same manner that we must protect it.

#### **3. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations**

*For treatment.* We may disclose your Protected Health Information to effectively coordinate your care at NAF member clinics. For example, your PHI may be shared with doctors, counselors, interns, volunteers or other persons involved in taking care of you. Your PHI may also be shared with your private physician, outside consultants or with community agencies involved in the provision or coordination of your care.

*To obtain payment.* We may use/disclose your PHI to coordinate funding for your health care services. For example, we may provide portions of your PHI to our internal financial department.

*For health care operations.* We may use your PHI to operate our organization effectively. These uses and disclosures are necessary to run our practice and to make sure that patients receive quality care. For

example, we may use your PHI for our quality assurance activities, our program evaluation, and our financial audits. We may provide your PHI to outside entities and persons, such as our attorneys, accountants, consultants, and other persons and entities that provide services to us or in our behalf.

#### **4. Additional Uses or Disclosures of PHI**

We may also use or disclose PHI for the following purposes:

*To individuals involved in your care or payment for your care.* We may disclose to a family member, other relative, a close personal friend, or other person you identify, PHI directly relevant to that person's involvement in your care or payment related to your care. We will seek to provide you with an opportunity to object before any PHI is disclosed to such persons, but may use our professional judgment to reasonably infer from the circumstances that you do not object to such disclosures or to determine that due to your incapacitation or an emergency situation, disclosure of PHI that is directly relevant to the person's involvement in your health care is in your best interest.

*When required by law.* We may disclose your PHI when required by federal, state or local law. We may disclose PHI when a law requires it, or in response to a court or administrative order.

*In an emergency and to avert threat to health and safety.* We may use and disclose PHI when necessary in an emergency or to prevent a serious threat to your health and safety or the health and safety of the public or another person.

#### **5. Uses and Disclosures of PHI Which Require Your Authorization**

For uses and disclosures for any purpose not provided for above or as otherwise permitted or required by law, we are required to have your written authorization. For example, should we require personally identifiable health information for research purposes, we will first seek your authorization. Your authorization can be revoked at any time to stop future uses or disclosures of PHI except to the extent that we have already taken an action in reliance on your authorization.

#### **6. Your Rights Regarding Your Protected Health Information**

*To request restrictions on uses or disclosures.* You have the right to ask in writing that NAF restricts how it uses PHI for treatment, payment or operations. We will consider your request, but we are not obligated to agree to it. If we do agree, we will put our agreement in writing and abide by the agreement except in emergency situations.

*To inspect and receive a copy of your PHI.* You have a right to request in writing to see your PHI. We will respond to such request within 30 days and provide you with your PHI if your request is approved. If we deny your request we will give you written reasons for doing so and will advise you how to have the denial reviewed. We may impose a charge for copying your PHI depending on your circumstances and we will advise you of the amount of such charge in advance.

*To request amendment of your PHI.* You may request an amendment of your PHI and we will respond within 60 days of receiving your request. We may deny the request if we determine the PHI is correct and complete, not created by us, not part of our records or not permitted to be disclosed. If we deny your request we will tell you why and explain how you may append your written response to your records.

*To find out what disclosures have been made.* You have the right to get a list of the PHI we have disclosed and to whom and for what purpose we have made such disclosures. This does not apply to disclosures to family and friends if you have not objected to such disclosures. This also does not apply to PHI for treatment, payment and operations purposes, to disclosures you have authorized, and to disclosures made to pursuant to law. We will respond to your request within 60 days. We will not charge you for such lists unless you order more than one each year in which case we may make a reasonable charge for the added lists.

*To choose how we contact you.* You have a right to ask that we send you information, including communications of PHI, at an alternative address or by alternative means.

*To request a paper copy of this notice.* If you receive this notice electronically, you have the right to obtain a paper cop of this notice which we will send to you upon your request.

## **7. Minors**

Minors have the same privacy rights as adults under this Notice as to information related to reproductive health care. In cases where a parent provides consent to an abortion, the parent has the rights provided under this Notice with respect to information about the abortion. If a judicial bypass is obtained for the abortion, the parent or guardian has no rights as to such information.

## **8. For More Information or to Complain About Our Privacy Practices**

If you have questions or would like additional information about NAF's privacy practice, or if you believe your privacy rights have been violated, you may contact the NAF Privacy Official. The Privacy Official is available by telephone Monday through Friday during business hours at 202-667-5881.

You may also file written complaints about our privacy practices with the U.S. Department of Health and Human Services, Privacy Complaints, P.O. Box 8050, 7500 Security Boulevard, Baltimore, MD 21244-1850. NAF will not employ any form of retaliation against you as a result of your complaint.

## **9. Written Requests**

Written requests for any purpose discussed in this Notice should be sent to: 1090 Vermont Avenue NW, Suite 1000, Washington, DC 20005 or via email to [privacy@prochoice.org](mailto:privacy@prochoice.org).

## **10. Effective Date**

This Notice is effective as of February 13, 2008.