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**NOTICE OF PRIVACY POLICIES AND PRACTICES  
FOR  
ADVANCED OB-GYN ASSOCIATES**

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**DEAR PATIENT:**

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

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**INTRODUCTION**

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At Advanced OB-GYN Associates, we are committed to treating and using protected health information about you responsibly. This Notice describes the personal information we collect, and how and when we use or disclose that Information. It also describes your rights as they relate to your protected health information. This Notice is effective August 1, 2013 and applies to all protected health information as defined by federal regulations.

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**UNDERSTANDING YOUR MEDICAL RECORD / HEALTH INFORMATION**

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Each time you visit Advanced OB-GYN Associates, a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- A tool that you, or another payer (your insurance company) will use to verify that services billed were actually provided
- An education tool for medical health providers
- A source for medical research
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A source of data for planning and / or marketing
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure it's accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

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**YOUR RIGHTS**

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You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
  - The right to receive confidential communications concerning your medical condition and treatment
  - The right to inspect and copy your protected health information
  - The right to amend or submit corrections to your protected health information
  - The right to receive an accounting of how and to whom your protected health information has been disclosed
  - The right to receive a printed copy of this notice
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**OUR RESPONSIBILITIES**

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Advanced OB-GYN Associates is required to:

- Maintain the privacy of your health information
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a request restriction
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and / locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

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**HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION**

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**We will use your health information for treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**We will use your information for payment.** Your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

**We will use your information for regular health operation.** Your health information may be used as necessary to support the day-to-day activities and management of Advanced OB-GYN Associates. For example: information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Business Associates.** In some instances, we have contracted separate entities to provide services for us. These “associates” require your health information in order to accomplish the tasks that we ask them to provide. Some examples of these “business associates” might be a billing service, collection agency, answering services and computer software/hardware provider.

**Communication with family.** Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information such as a power of attorney. Please inform the practice when you do not wish a family member or other individual to have authorization to receive your information.

**Research / Teaching / Training.** We may use your information for the purpose of research, teaching, and training.

**Healthcare Oversight.** Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

**Public health reporting.** Your health information may be disclosed to public health agencies as required by law.

**Funeral Directors.** A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death.

**Law enforcement.** Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

**Appointment reminders.** The practice may use your information to remind you about upcoming appointments. Typically, appointment reminders are sent by mail in a closed envelope, or, a brief, non-specific message be left on your answering machine. If you don't approve of these methods please inform the practice.

**Electronic Disclosure.** Texas law requires that we provide you with notice that your PHI is subject to electronic disclosure. Please note that we may use and disclose your medical information electronically. Your medical information is maintained on an electronic health record.

**Electronic Health Information Exchange.** Baylor uses a third party to maintain a Health Information Exchange (HIE). Baylor stores electronic health information about you in the HIE. Electronic health information about you from other health care providers or entities that are not part of Baylor who have treated you or who are treating you is also stored in the HIE, and Baylor and these other providers can use the HIE to see your electronic health information for the purposes described in this Notice, to coordinate your care and as allowed by law. Baylor monitors who can view your information, but the individuals and entities who use the HIE may disclose your information to other providers.

**Other uses and disclosures.** Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

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**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

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If you have complaints, questions or would like additional information regarding this notice or the privacy practices of Advanced OB-GYN Associates please contact:

**PRIVACY OFFICIAL  
ADVANCED OB-GYN ASSOCIATES  
3201 E PRESIDENT GEORGE BUSH HWY, SUITE 107  
RICHARDSON, TX 75082  
972-276-9902**

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official, or, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

**OFFICE FOR CIVIL RIGHTS  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C., 20201**

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A Copy of this notice is available upon request.

Advanced Ob-Gyn Associates., P.A.  
3201 E President George Bush Hwy, # 107  
Richardson, TX 75082  
Ph (972) 276-9902 Fax: (972) 276-9819

**Patient Authorization for Disclosure of Protected Health Information**

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I, \_\_\_\_\_ have read the notice of privacy practices of Advanced Ob-Gyn Associates and understand that if I have any questions I may contact the privacy manager at (972) 276-9902.

I authorize the practice to disclose or provide protected health information to me at the telephone numbers I have indicated. I understand that it is my responsibility to notify the practice of any change in these numbers and that any disclosure left on voice mail or an answering machine, indicated by me, is subject to re-disclosure statement within this authorization. How would you like us to contact you regarding testing, appointments, etc.?

**Authorization to leave messages**

I give my permission for the staff of Advanced Ob-Gyn Associates to give or leave messages or information regarding medication, surgery, lab results, appointments and healthcare by the following checked options.

- |   |  |
|---|--|
| <input type="checkbox"/> My home telephone answering machine<br>_____ | <input type="checkbox"/> My email address<br>_____     |
| <input type="checkbox"/> My cell phone voicemail<br>_____             | <input type="checkbox"/> USPS Mailing address<br>_____ |

Please indicate any additional names of individuals with whom we may speak with concerning your care:

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I am authorizing the disclosure of my protected health information to the specified numbers and/or addresses as a means of enhancing communication with my healthcare provider. This authorization will **expire in one year** from the date of your signature below unless you specify an earlier termination. You must submit a new authorization after the expiration date in order to continue the authorization. As stated in the practices notice of privacy practice I have the right to revoke or terminate this authorization by submitting a written request to the privacy manager. I understand that the practice has no control regarding persons who may have access to the telephone numbers I have listed to receive my protected health information. Therefore, I understand that my protected health information disclosed under this authorization will no longer be protected by the requirements of the privacy rule and will no longer be the responsibility of the practice.

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Patient's Signature

\_\_\_\_\_  
Date