



Privacy Notice

Your Information. Your Rights. Our Responsibilities.

This notice describes how your protected health information (PHI) may be used and disclosed and how you can access this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask for a copy of our protected health information about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years before the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked

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us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the bottom of the page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
 - sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201,
 - calling 1-877-696-6775, or
 - visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

In these cases we never share your information unless you give us written permission:

- Marketing purposes. We never sell your information
- We may contact you for fundraising efforts, but you can tell us not to contact you again.



If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

We typically use or share your health information in the following ways.

- We can use your health information and share it with other professionals who are treating you.
 - Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- We may be required to make electronic PHI available to other professionals.
- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
 - Example: We may use and disclose medical information about you to run our health care operations. For example, we may use and disclose this information to review and improve the quality of care we provide. Or we may use and disclose this information to get your health plan to authorize services or referrals.
- As permitted by federal and state law, we may disclose PHI about minors to their parents or guardians.
- We may also use and disclose this information as necessary for medical reviews, legal services, and audits, including fraud and abuse detection and compliance programs and business planning and management.
- We may also share your medical information with our "business associates," such as our accounting service, who perform administrative services for us. We have a written contract with each of these business associates that contains terms requiring them and their subcontractors to protect the confidentiality and security of your protected health information.
- We may also share your information with other health care providers, health care clearinghouses, or health plans that have a relationship with you when they request this information to help them with their quality assessment and improvement activities, their patient-safety activities, their population-based efforts to improve health or reduce health care costs, their protocol development, case management or care-coordination activities, their review of competence, qualifications, and performance of health care professionals, their training

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programs, their accreditation, certification or licensing activities, or their health care fraud and abuse detection and compliance efforts.

- We can use and share your health information to bill and get payment from health plans or other entities.
 - Example: We give information about you to your health insurance plan so it will pay for your services.
- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.
- We may, and are sometimes required by law, to disclose your health information to public health authorities for purposes related to:
 - preventing or controlling disease, injury, or disability;
 - reporting child, elder, or dependent adult abuse or neglect;
 - When we report suspected elder or dependent adult abuse or domestic violence, we will inform you or your representative promptly unless, in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.
 - reporting domestic violence;
 - reporting to the Food and Drug Administration problems with products and reactions to medications; and
 - reporting disease or infection exposure.
- We may, and are sometimes required by law, to disclose your health information to health oversight agencies during audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by law.
- We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

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- We may, and are sometimes required by law, to disclose your health information to appropriate persons to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.
- We may use your PHI to create "de-identified" information, which means that information that can be used to identify you will be removed. There are specific rules under the law about what type of information needs to be removed before information is considered de-identified. Once the information has been de-identified as required by law, it is no longer subject to this Notice, and we may use it for any purpose without any further notice or compensation to you.
- Federal and state laws provide special protections for, and may restrict the use or disclosure of, certain kinds of PHI. For example, additional protections may apply in some states to genetic, mental health, biometric, minors, prescriptions, reproductive health, drug and alcohol abuse, rape and sexual assault, sexually transmitted disease and/or HIV/AIDS-related information. In these situations, we will comply with the more stringent applicable laws pertaining to such use or disclosure.
 - Importantly, PHI relating to reproductive healthcare is now subject to enhanced federal law protections. It is prohibited for your reproductive healthcare PHI to be shared in order to investigate or impose liability for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.
 - If we receive a request for PHI potentially related to reproductive health care, such as from a health oversight entity, we are required to obtain a signed attestation that the use or disclosure is not requested for the purpose of investigating or imposing liability for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care.



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- Let us know in writing if you change your decision regarding the use of your information.
- For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Contact for Memphis
Nancy Shotwell
nshotwell@yourchoices.org
1203 Poplar Ave.
Memphis, TN 38104
901-274-3550

Contact for Carbondale
Marie Ikner
mikner@yourchoices.org
600 N. Giant City Rd.
Carbondale, IL 62902
618-300-6017

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