Willowbrook Women's Health & Wellness

18220 Tomball Parkway, Suite 210 Houston, Texas 77070 (832) 237-0222 Fax (832) 237-0333

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. This notice is effective as of April 14, 2003

Treatment, Payment, and Health Care Operations

Willowbrook Women's Health & Wellness uses and discloses your protected health information for treatment, payment, and health care operations. Some examples of when our office may use or disclose your health cue information for these purposes include.

- -Sharing test results with other health care providers for confirmation of diagnosis
- -Providing your diagnosis or other information about your health to your insurance provider or out billing service to obtain payment for the healthcare services we provide.
- -Reviewing information as part of our quality improvement program.

Other uses and Disclosures

Willowbrook Women's Health & Wellness may also use or disclose your protected health information in conjunction with guidelines outlined by law, for the following purposes:

- -Providing you with information related to your health
- -Contacting you regarding appointments, information about treatment alternatives, or other health related services
- -Incidental uses or disclosures (listing your name on a sign-in sheet, etc.)
- -Compliance with all laws (including reports of suspected abuse, neglect, or violence)
- -Providing certain specified information to law enforcement or correctionalinstitutions
- -Providing information to a coroner, medical examiner, funeral director, or organ procurement organization
- -Public health activities when requested by a public health authority or the FDA.
- -Responding to health oversight agencies
- -Responding to court administrative tribunal orders, subpoenas, discovery requests or other lawful process
- -When necessary to avert a serious treat to health or safety
- -Military affairs, veteran's affairs, national security, intelligence, Department of Rate of Presidential protective service activities
- -Providing information regarding your location, general condition or death to public or private disaster relief agencies -Informing a family member, other relatives, or close personal friend when:
 - -Information is relevant to the individual's involvement with your care
 - -Notification of your location, general condition or death
 - -To assist in your health care(e.g. pick-up prescriptions or other documents, note follow-up care instructions)

Authorizations for Other Uses

Willowbrook Women's Health & Wellness will make other uses aid disclosure of your protected health information only after obtaining your written authorization. If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to revoke your authorization.

Your Rights Regarding the Privacy of Your Health Information

Subject to limitation outlined by law, you have certain rights related to use and disclosure of your protected health information, including the rights to:

- -Request restrictions on certain uses and disclosures. However, not obligated to agree to requested restrictions
- -Receive confiderital communications of protected health information
- -Inspect and copy your protected heath information with some limited exceptions
- -Amend your health information
- -Receive an accounting of disclosures of your health information
- -Obtain a copy of this notice

Willowbrook Women's Health & Wellness duties regarding the Privacy of Your Health Information
Subject to limitations outlined by Law. Willowbrook Women's Health & Wellness has certain duties related to your protected health Information including:

- Willowbrook Women's Health & Wellness is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practice with respect to protected information.
- Willowbrook Women's Health & Wellness is required to abide by the terms of the privacy notice that is currently in effect
- Willowbrook Women's Health & Wellness reserves the right to change a privacy practice described in this notice and to make such change effective or all protected health information. Revised notice will be posted in our office and available upon request.

If you believe your privacy rights have been violated, you may make acomplaint by contacting the office manager at (832)237-0222 or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint Acknowledgement

I acknowledge that I have read and understand this notice regarding the use and disclosure of my health information. (I may receive a copy of this notice upon request)

Signature	Date	