



THE WOMEN'S OB-GYN GROUP
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Note: *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.*

Background: HIPAA, a law passed by congress in 1996, and taking effect in 2002, requires that we inform you of our practices regarding certain information we maintain about you. This information is called "protected" information under the law. Please note that our (The Women's Ob-Gyn Group) practices may change from time to time, depending on changes in policies, procedures or laws affecting us.

You may find our current practice privacy notice at our [website](#) or request a copy by writing Carol Emerson, M.D., at the above address. You may also request further information about any of our privacy policies and procedures. It is our duty to maintain the privacy of your protected information, and abide by the terms of this notice. If you wish to register a complaint concerning suspected violations of your privacy rights, you may write to Carol Emerson, M.D. at the above address or the Secretary of the Department of Health and Human Services (DHHS) in Washington, D.C. No retaliation will be taken against an individual who files a complaint in good faith.

Definitions:

"Use" refers to access to your protected information by physicians, nurses and employees of The Women's Ob-Gyn Group.

"Disclose" refers to sending, transmitting or otherwise telling other groups (other doctors, hospitals or insurance companies) information about you, the patient.

"Us", "we", "our" refer to the medical practice of Brandon, Emerson & Hammond Ob-Gyn Associates, P.A., also known as The Women's Ob-Gyn Group.

Uses of patient information:

Information about you, including among other things, your name, address, employment information, religion, and medical history is kept in your paper chart and in a computer database. This information may be accessed by all employees of The Women's Ob-Gyn Group in the course of their work. Medical information access is generally restricted to those who have a need for the information to perform their duties. For example, our transcriptionist types up dictated notes and reports, billing clerks enter diagnosis and procedure codes to file insurance claims, etc. Physicians and nurses may access your record for your own treatment or for quality improvement and monitoring purposes. We also use this information to contact you regarding lab results, appointment reminders and general practice information (such as new phone numbers, addresses or services). Please understand that prohibiting the use of this information by us will prohibit us from providing your medical care.

Disclosures of patient information:

Routine:

Information about you may be mailed, transmitted, faxed or otherwise conveyed to your insurance company (for the purposes of processing a claim), to a hospital or surgery center (in anticipation of impending surgery or hospitalization), or to other medical providers for the purposes of providing continuity of your medical care for referral, consultation or diagnostic tests. Health insurance claims that are submitted electronically are sent to a billing company and through a medical claims clearing house. For disclosures of this "routine" type of information, we do not obtain a separate consent from you. Disclosure of information for these purposes is covered in the consent you signed at your initial visit and on the "route slip" at each visit. If you object to these types of information disclosures, you may refuse to sign the form, or you may revoke your consent in writing to Carol Emerson, M.D., at the above address.

Please be aware, however, that we would not be able to submit an insurance claim for you in this case, and you would be personally responsible for payment. Information also may be disclosed as required by state or federal law (for example, certain communicable diseases must be reported to the Health Department, suspicion of abuse or neglect must also be reported, and disclosure is required for litigation and legal proceedings.)

Other (non-routine):

Other than instances outlined above, information about you will not be conveyed without your expressed written permission. If you desire to have your medical information sent to another physician, or to an insurance company for the purpose of evaluating you for insurability, we must have a separate signed and dated written consent from you. When we receive a signed authorization from you through a third party (such as an insurance company for life insurance, or an attorney for a worker's comp claim, we will disclose the information indicated on the form without first contacting you. If you present a form for us to complete, such as a Family Medical Leave Act form or a disability form, we must have a signed authorization from you before we can complete the form.

Your rights under HIPAA:

You may request restrictions on uses and disclosures of your information (but we are not required to agree) by writing Carol Emerson, M.D. at the above address.

You have the right to receive confidential communications of protected health information.

You have the right to inspect and copy the information we maintain on you (a copying charge may apply).

You have the right to amend (not change) protected information.

You have the right to obtain an accounting of disclosures of protected health information.

Effective date:

Although most of the policies and procedures regarding your privacy have been in place since the practice was begun in 1991, the notifications and specific authorization forms compliant with HIPAA were completed by April 14, 2003.