

PF-1000

Notice of Privacy Practices

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.

Uses and Disclosures

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.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of **Steamboat Springs Women's Clinic, David W. Schaller M.D., Jamie Lindahl, Diane E. B. Petersen, M.D. /FACOG.** For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. 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 to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to call or send you appointment reminders.

Our staff may contact you by phone or mail regarding test results and health information.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition.. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

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

**Steamboat Springs Women's Clinic, David W. Schaller M.D., Diane E.B. Petersen M.D., and
Jamie Lindahl RNC, NP**

Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

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. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting **Front Office Staff** or **Privacy Official**. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

**Tibby Speare
SSWC, David W. Schaller M.D. P.C
940 Central Park Drive Suite #209
Steamboat Springs, Colorado 80487**

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

**Tibby Speare
SSWC, David W. Schaller M.D. P.C
940 Central Park Drive Suite #209
Steamboat Springs, Colorado 80487
970-879-3738**

This Notice is effective on or after **February 1, 2007**.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY

I hereby acknowledge that I received a copy of Steamboat Springs Women’s Clinic, David W. Schaller M.D. notice of privacy practices.

Signature of patient or patient representative

Date

Print Name

DOCUMENTATION OF GOOD FAITH EFFORTS
To obtain patient’s acknowledgement that they received the
Notice of Privacy Practices

(For use when acknowledgement cannot be obtained from the patient)

The patient presented to the office on _____ and was provided with a copy of our Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgement of her receipt of the Notice. However, such acknowledgement was not obtained because:

- Patient refused to sign
- Patient was unable to sign or initial because
- The patient had a medical emergency, and an attempt to obtain the acknowledgement will be made at the next available opportunity.
- Other reason (describe below)

Signature of employee completing the form

Date

FINANCIAL POLICY

Thank you for choosing Steamboat Springs Womens Clinic as your health care provider. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

CO-PAYMENT IS DUE AT TIME OF SERVICE.

IF you do not have insurance we do require half down on the day of service as a good faith payment and then a payment plan will be made to have the balance paid off.

WE ACCEPT Visa, Mastercard, Discover, personal check and cash payments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____
Signature of Patient or Responsible Party

Date _____

X _____
Signature of Co-Responsible Party

Date _____