



## **NOTICE OF PATIENT INFORMATION PRACTICES**

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

### **TurningPoint Women's Healthcare's LEGAL DUTY**

TurningPoint Women's Healthcare is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

An extensive Notice of Privacy Practices as well as a General Privacy Policy are both available for reference upon request.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

TurningPoint Women's Healthcare uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, TurningPoint Women's Healthcare may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

TurningPoint Women's Healthcare may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, TurningPoint Women's Healthcare's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

TurningPoint Women's Healthcare may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

### **PATIENT'S INDIVIDUAL RIGHTS**

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

### **CONCERNS AND COMPLAINTS**

If you are concerned that TurningPoint Women's Healthcare may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on TurningPoint Women's Healthcare health information practices or if you have a complaint, please contact the following person:

**Attn: Renee Vaughn**

**Telephone: 770-360-9271    Fax: 770-360-9276**



## Acknowledgement of Receipt of TurningPoint Women's Healthcare Notice of Privacy Practices

Our Notice of Information Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy upon your next visit.

By signing below, you acknowledge that you have received our Notice of Information Practices on the date indicated below.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date