

Effective Date of Notice: January 1, 2020

Sound Choices Pregnancy Clinic NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be disclosed and how you can assess this information. Please review it carefully. If you have questions about this notice, please contact the Privacy Officer at Sound Choices Pregnancy Clinic at (706-322-5024).

Safeguarding Your Protected Health Information

Individually identifiable information about your past, present, future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We will extend certain protections to your PHI. This notice explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we will only use or disclose the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Request correction(s) of your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated
- Authorize disclosure of health information

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Help with public health and safety issues
- Comply with the law
- Address law enforcement, and other government request
- Respond to lawsuits and legal actions

Our Responsibilities

We are required by law to:

- Maintain the privacy of protected health information ("PHI")
- Give you this notice of our legal duties and privacy practices regarding health information about you

- Follow the terms of our notice that is currently in effect

How You May Have Access to or Control of Your Protected Health Information

You can ask to see or get an electronic or paper copy of your medical records. If you want a copy of your PHI, we will make reasonable efforts to accommodate such request. We will provide a copy or a summary of your health information, usually within 30 days of your written request. We may charge a reasonable, cost-based fee. If you believe that there is a mistake or missing information in our record of your PHI, you may request in writing that we correct or add to the record. We will respond within 30 days of receiving your request. Any denial will state the reasons for denial. We may send or communicate appointment reminders but subject to our normal confidentiality policies and any special instructions that you have given. You may ask that we send information at an alternative address or by alternative means. We will make every effort to respect and to honor your request. You may ask that we limit how we use or disclose your PHI. We will consider your request. To the extent that we do agree to such restrictions, we will abide by such restrictions except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. You may request for us to provide you with a list of all disclosures of your PHI which we made. We will include disclosures except for those about treatment, health care operations or as specifically required by law. You may receive a paper copy of this notice upon request. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Sound Choices Pregnancy Clinic's Privacy Office. All complaints must be made in writing to: **Sound Choices Pregnancy Clinic, Attn: Privacy Officer, 1316 Wynnton Court, Columbus, GA 31906. You will not be penalized for filing a complaint.**

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, please tell us.

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

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

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We will abide by these restrictions except in emergency situations. We may also share your information when needed to lessen a serious threat to health and safety or in cases of a substantial communication barrier.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. The following offers more description and some examples of the potential uses and disclosures of your PHI.

We may disclose your PHI to doctors, nurses and other health care personnel who are involved in providing your health care. Your PHI may be shared with outside entities performing ancillary services to your treatment. Also, we may use and/or disclose your PHI as may be reasonably necessary in the course of operating our medical clinic. For uses beyond treatment and operations purposes, we will seek to obtain your authorization before disclosing your PHI. However, disclosures of your PHI may be made without your consent or authorization when required by law, to comply with law enforcement or government requests, when required by public health reasons, when necessary to avert a threat of harm to you or a third person, to respond to lawsuits or legal actions, or when other circumstances may require or reasonably warrant such disclosures. For advertising and promotion, we may use your story and ultrasound images with all identifying information removed or de-identified to protect your privacy.

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, usually within sixty (60) days of the change(s).