

Notice of Authorization of Treatment and Information Practices

This notice describes how medical and other personal information about you may be used and disclosed. It also is a consent for medical treatment and also describes how you can get access to this information. Please review the notice carefully.

I consent to such diagnostic procedures, medical treatment and other actions which, in the judgement of the CNM/APRN may be considered necessary or advisable. Pelvic exams may be required as a component of gynecological/obstetrical care, and the CNM/APRN will explain if this is necessary. I understand that if test results reveal a condition that is reportable to the local health department, according to the Florida Statutes, my personal contact information along with positive results will be reported as required. I expressly consent that Women's Health Care may contact me at the number I provided. Furthermore, I understand that Women's Health Care may contact me for debt collection or payment purposes.

You entrust us with individually identifiable personal health and financial information (referred to as "personal health information" in the rest of this notice). You are our best and most important source of information about you.

We may also collect personal information about you from others.

For example, we may collect personal health information from other health care providers, employers, educational entities, and the judicial system, insurance companies or other community referral sources or partners.

Examples of Information We May Collect and Maintain Include:

Your name, address, telephone number, social security number, date of birth, marital status, income, email address, policy or account number, account balance, policy coverage, premium payment, claims history, medical information, motor vehicle reports, details about your transactions with state or federal agencies.

In the Following Situations, We May Use and/or Disclose Your Personal Health Information Without Your Authorization:

- To provide treatment.
- To obtain payment for treatment.
- To evaluate the quality of care that you receive.
- To an insurance authority.
- Performing mandatory licensing and regulatory compliance functions.
- For payment such as using details received from an insurance company to coordinate benefits.
- For payments such as to a health care provider to identify insurance coverage or benefits.
- For health care operations to detect or prevent criminal activity, fraud and material misrepresentation.
- For public health activities such as to prevent or control disease, injury, or disability.
- To health oversight agencies for compliance purposes.
- In response to a court or administrative order.
- In response to a subpoena, discovery request, or other lawful process by another person in a dispute.
- For law enforcement purposes.
- To avert a serious threat to health or safety to you, another person, or the public.
- To federal officials for intelligence, counterintelligence, and other national security activities.
- To worker's compensation or other programs that provide benefits for work-related injuries or illness.

Those who act on our behalf

Agencies who receive your personal information from Women's Health Care are required to keep your personal health information confidential. They are required to use the personal health information only to provide the services we have asked them to provide.

All Other Users and Disclosures of Personal Information

