



**Women's Medical Center
of Rhode Island**

"Dedicated to Hope, Healing & Recovery"

*401.467.9111 Local
1.800.877.6339 Toll Free*

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.

***YOU MAY REQUEST A SIX PAGE DETAILED STATEMENT OF THIS NOTICE**

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer – John Di Orio, MD.

This medical practice collects health information about you and stores it in an electronic health record/personal health record. This is your medical record. The medical record is the property of this medical practice, but the information in the medical record belongs to you.

The law permits us to use or disclose your health information for purposes of Treatment, Payment, Health Care Operations, Appointment Reminders, Sign In Sheet, Notification and Communication With Family, Marketing, Sale of Health Information, As Required by Law, Public Health, Health Oversight Activities, Judicial and Administrative Proceedings, Law Enforcement, Coroners, Organ or Tissue Donation, Public Safety, Proof of Immunization, Specialized Government Functions, Workers' Compensation, Change of Ownership, Breach Notification.

When This Medical Practice May Not Use or Disclose Your Health Information: Except as described in the detailed Notice of Privacy Practices, this medical practice will, consistent with its legal obligations, not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

Patients' Health Information Rights:

- Right to Request Special Privacy Protections.
- Right to Request Confidential Communications.
- Right to Inspect and Copy.
- Right to Amend or Supplement.
- Right to an Accounting of Disclosures.

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