Good *Energy*
WOMEN'S HEALTH

14 N Island Ave, Batavia, IL | goodenergywomenshealth.com | hello@goodenergywomen.com

# Good Energy Women's Health, PLLC
# 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.**

*Effective Date: July 27*

## Our Commitment to Your Privacy

Good Energy Women's Health, PLLC d/b/a Good Energy Women's Health, understands that your health information is deeply personal. We are committed to protecting the privacy of your medical information and to being transparent about how it is used. This Notice explains our legal duties and your rights under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable Illinois law.

**We are required by law to:**

- Maintain the privacy of your protected health information (PHI);
- Provide you with this Notice of our legal duties and privacy practices;
- Notify you following a breach of your unsecured PHI; and
- Abide by the terms of this Notice currently in effect.

## How We Use and Disclose Your Health Information

We use and disclose your health information for the following purposes:

### Treatment

We may use and disclose your health information to provide, coordinate, or manage your care. For example, your clinician may share your information with a referring specialist, a laboratory, or an imaging center to support your diagnosis or treatment.

### Payment

Because Good Energy Women's Health is a cash-pay practice, we do not bill insurance on your behalf. We may, however, use your health information to process your payment, provide receipts, or generate documentation you may need to submit to your health plan for potential reimbursement.

### Health Care Operations

We may use your information to support the internal operations of our practice, including quality improvement, staff training, clinical supervision, and practice administration. This helps us continue to deliver high-quality, evidence-based care.

### Other Permitted Uses and Disclosures (Without Your Written Authorization)

We may also use or disclose your PHI without your written authorization in the following circumstances:

- As required by law, including mandatory reporting obligations under Illinois law;
- To public health authorities for disease reporting, injury reporting, or prevention activities as permitted by law;
- To report abuse, neglect, or domestic violence to government authorities as required or permitted;
- For health oversight activities such as audits, inspections, or investigations by government agencies;
- In response to a court order, subpoena, or other lawful process (with protections where required);
- To law enforcement in limited circumstances as permitted or required by law;
- To coroners, medical examiners, or funeral directors as permitted by law;
- For organ and tissue donation purposes;
- For research under specific conditions and oversight;
- To avert a serious and imminent threat to your health or safety or the health or safety of others;
- For workers' compensation purposes as authorized by and limited by law.

## Special Protections for Substance Use Disorder Records

If you share information about substance use or receive treatment or referrals related to substance use disorders, that information may be protected under 42 CFR Part 2 in addition to HIPAA. These federal regulations impose stricter limits on disclosure than standard HIPAA requirements.

- Information protected under Part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order.
- You may provide a single written consent authorizing our practice to use or disclose your substance use disorder records for treatment, payment, and health care operations. This consent may be revoked at any time.
- Any party who receives your substance use disorder records under a proper disclosure is prohibited from re-disclosing that information without your consent or a court order.

## Uses and Disclosures Requiring Your Written Authorization

We will obtain your written authorization before using or disclosing your PHI in the following circumstances:

- Most disclosures of psychotherapy notes;
- Use or disclosure of your PHI for marketing purposes;
- Sale of your PHI;
- Any use or disclosure not described in this Notice.

You have the right to revoke any authorization you have given us in writing, except where we have already acted in reliance on it.

## Your Rights Regarding Your Health Information

You have the following rights with respect to your protected health information. To exercise any of these rights, please submit a written request to our Privacy Contact listed below.

### Right to Access Your Records

You have the right to inspect and receive a copy of your medical records and other health information we maintain about you, with limited exceptions. We may charge a reasonable fee as permitted by law. Requests for electronic records will be fulfilled in electronic format when available.

### Right to Request Amendment

If you believe information in your record is inaccurate or incomplete, you may request that we amend it. We may deny your request under certain circumstances and will explain the reason in writing.

### Right to an Accounting of Disclosures

You may request a list of certain disclosures of your PHI that we have made in the past six years, excluding disclosures for treatment, payment, and health care operations, and certain other exceptions.

### Right to Request Restrictions

You may request that we limit how we use or share your PHI. We are not required to agree to most restrictions, but we must agree if you ask us to restrict disclosure of PHI to a health plan for services you have paid for out of pocket in full. As a cash-pay practice, this right is particularly relevant here.

### Right to Confidential Communications

You may request that we contact you by specific means (e.g., only by text, only at a particular phone number) or at a specific location. We will accommodate reasonable requests. Given the sensitive nature of women's reproductive health, we take this right seriously.

### Right to a Paper Copy of This Notice

You may request a paper copy of this Notice at any time, even if you agreed to receive it electronically.

## Adolescent and Minor Patient Privacy

Good Energy Women's Health serves patients as young as 15 years of age. Illinois law permits minors to consent to certain health care services on their own behalf, including care related to sexually transmitted infections, contraception, and certain reproductive health services. When a minor patient has the legal right to consent to care independently, we will treat their records with the same confidentiality afforded to adult patients, consistent with HIPAA and Illinois law.

Parents or legal guardians may be the personal representative of a minor patient in most other circumstances. If you have questions about confidentiality as it applies to your care or your child's care, please speak with your clinician.

## Changes to This Notice

We reserve the right to change the terms of this Notice at any time. Changes will apply to all PHI we maintain, including information created or received before the change. When we update this Notice, we will post the revised version in our office and on our website (if applicable) and make copies available upon request.

## How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be retaliated against for filing a complaint.

**To file a complaint with us:**

- Contact our Privacy Officer (see below)
- Complaints must be submitted in writing

**To file a complaint with the U.S. Department of Health and Human Services:**

- Office for Civil Rights, U.S. Department of Health and Human Services
- 200 Independence Avenue, S.W., Washington, D.C. 20201
- Phone: 1-800-368-1019 | TDD: 1-800-537-7697
- Online: www.hhs.gov/ocr/privacy/hipaa/complaints/

## Privacy Officer and Contact Information

For questions about this Notice, to exercise your rights, or to file a privacy complaint, please contact:

- Practice Name:  Good Energy Women's Health, PLLC
- Privacy Officer:  Maria Escamilla, CNM
- Address:  14 N Island Ave, Batavia, Illinois, 60510
- Email:  compliants@goodenergywomen.com