



**PROGRESSIVE WOMENS HEALTH, PLLC  
ASIA MOHSIN, MD**

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**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL, CLINICAL AND OTHER PERSONAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT  
CAREFULLY**

This Notice describes the privacy practices of Progressive Womens Health (PWH), PLLC and the members of its medical staff and other personnel. It applies to your psychological, medical and billing information for all services provided to you in our office. It also applies to all the business associates with whom we may share information.

**Protected Health Information (PHI):** PHI is information we obtain and create in providing our services to you. Such information may include documentation of your symptoms, examination, test results, diagnosis and treatment. It also includes billing information for those services.

**USES AND DISCLOSURES OF PHI**

We will not use or disclose any of your PHI for any purposes without your written authorization. We will also need to obtain an authorization before releasing your Psychotherapy notes that we have made about our conversation during our private, group, joint, or family counseling session. These notes are kept separate from the rest of your medical record and given a greater degree of protection than PHI. You may revoke your authorization at any time. Potential exceptions to the confidentiality include but not limited to the following situations:

- **Required by Law:** We may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders).
- **Treatment:** We may use your information for the provision, coordination, or management of health care and related services by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.
- **Payment:** We may use or disclose your PHI in order to bill and collect payment for your health care services. Such information may be released to insurance companies, Medicare/Medicaid, any other governmental or third party payers or any other organizations contracting with any of the above entities.
- **Health Care Operations:** We may use or disclose your PHI, as needed, in order to improve the quality of your care. We may also disclose medical information to other health care providers when such medical information is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessments.
- **Business Associates:** Under a written agreement requiring Business Associates to protect information. Business Associates are entities that assist with or conduct activities on behalf of PWH including individual or organizations that provide legal, accounting, billing, administrative and management activities, and similar functions.
- **Victims of Abuse, Neglect or Domestic Violence:** In certain circumstances, we may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence. This may include child abuse, elderly abuse and abuse of patients in mental health facilities.
- **Health Oversight Activities:** We may disclose protected health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
- **Judicial and Administrative Proceedings:** We may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process.

- **Decedents:** We may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.
- **Serious Threat to Health or Public Safety:** We may disclose protected health information that we believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone we believe can prevent or lessen the threat (including the target of the threat). We may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal. We may disclose PHI to a person who may be exposed to communicable disease or may otherwise be at risk of contracting or spreading a disease or a condition.
- **Legal Proceedings:** This may pertain to any negligence suit brought by you against PWH or filing of a complaint with a licensing board or other state or federal regulatory authority; fee disputes between you and PWH; suits in which mental health of a party is in issue, child custody cases and workers compensation or other similar programs established by law.
- **Professional Judgment:** Using best judgment, we may disclose PHI to a family member or any other person you identify, that is relevant to that person's involvement in your care/treatment or payment related to your care.

**PATIENT'S RIGHTS**

You have the right to request the following. All requests must be in writing.

- **Right to Request Restrictions:** You have the right to request that we restrict uses or disclosures of your health information. We are not required to agree to a restriction.
- **Right to Request Confidential Communications:** You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail.
- **Right to Inspect and Copy:** You have the right to review your record and to get a copy of your record (the law requires us to keep the original record). This could include your health care records, your billing record, and other records we use to make decisions about your care. We may deny your request to inspect and copy in certain circumstances as defined by law.
- **Right to Amend:** If you examine your medical information and believe that some of the information is incorrect, you may ask us to amend your record. Your request must include the reason or reasons that support your request. We may deny your request for an amendment, if we determine that the record that is the subject of the request was not created by us, is not available for inspection as specified by law, or is accurate and complete.
- **Right to Receive an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your health information created by us.
- **Right to a Paper copy:** You have the right to receive this Notice.

**PROVIDER'S DUTIES**

We are legally required to provide you with this Notice of Privacy Practices and abide by its terms. We reserve the right to change our privacy practices and apply the changes to our PHI at any time. The new Notice terms will be effective for all PHI that we maintain at that time, including any information created or received prior to issuing the new Notice.

**COMPLAINTS**

If you have questions about this notice or any complaints about our privacy practices, please contact Progressive Womens Health at 281-993-4072.

We will investigate the complaint and inform you of findings. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you, if you make such complaints.

Patient/Guardian's Name: \_\_\_\_\_

Patient/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_