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NOTICE OF PRIVACY PRACTICES - SHORT FORM

Our Practice is committed to educating our patients about healthcare issues that affect them. As a result, we are providing you with general information about the Privacy Rule, a federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with a brief overview of our Notice of Privacy. Our practice is complying with HIPAA's regulations.

What is HIPAA and how does the Privacy Rule affect you?

When the Health Insurance Portability Act (HIPPA) was passed in August of 1996, this gave the federal government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice and we are required by law to be complaint with this regulation on April 14, 2003. Under the Privacy Rule you are guarantee access to your medical records allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

What is individually Identifiable Health Information (IIHI)?

Any health information you provide our practice, including your mailing address. IIHI is any information that is created and retained by our practice or received by another healthcare provider that relates to treatment, payment and/or that identifies you as an individual.

What is the Notice of Privacy Practice?

Our practice has an official Notice of Practice posted in our waiting room informing our patients about their rights surrounding the protection of your IHII and our obligations concerning the use and disclosure of your IHII. This notice applies to all records created or retained by our practice. We can update our Notice of Practices at any time. It will be ported in our waiting room and you can ask for a copy of the current notice at any time.

The following categories describe the different ways in which we may use and disclose your IIHI:

- Treatment • Appointment Reminders • Payment • Treatment Options • Release Information to Family/Friends
- Health Care Operations • Disclosure Required by Law • Health-Related Benefits and Services

The following categories describe unique situations in which we may use or disclose your IIHI:

- Public Health Risks • Health Oversight Activities • Lawsuits and similar Proceedings
- Deceased Patients • Military • Organ and Tissue Donation • Research • Law Enforcement
- National Security Inmates • Workers Compensation • Serious Threats to Health or Safety

What are your rights concerning your individually Identifiable Health Information (IHII)?

1. Confidential Communications
2. Requesting Restrictions
3. Inspection and Copies
4. Amendment
5. Accounting of Disclosures
6. Right to file a Complaint
7. Right to a Paper Copy of this Notice
8. Right to provide an Authorization for Other Uses and Disclosures

If you have any questions regarding this notice or our health information privacy policies, please contact our office.

I have read the short notice provided by Dr. Susan Fox's Center for Women and have been informed of how to obtain more information regarding our Notice of Privacy.

Patient Name: _____ Signature: _____ Date: _____