



Notice of Privacy Practices

Women's Wellness Clinic treats all personal health information as confidential and privileged information. Your medical information will be used for treatment, payment and health care operations. Examples follow:

- Our physician and health team will use the information to treat you.
- Our billing personnel may use the information to bill you or your insurance company if applicable.
- Our office will use the information for business purposes such as quality assessment programs, correspondence to referring physicians, or other business associates as needed. We require all of our business associates to demonstrate that they comply with our confidentiality requirements and to sign an agreement that restricts their use of the records.

Our staff is trained to protect the privacy of your medical records and financial information. If you have any concerns or questions regarding your personal health information you may call the office and ask for the compliance manager.

If you wish to place any specific restrictions on the way we use your records, please designated below and return to our office staff. Thank you.

____ No restrictions requested.

____ I request that you restrict my information in the following way: _____

____ I will allow Dr. _____ to discuss my lab results with the person(s) I have listed below:

_____ relationship to patient: _____

_____ relationship to patient: _____

Signature

Printed Name

Date