



201 NW 82<sup>nd</sup> Ave, Suite 104  
Plantation, FL 33324  
**Phone:** 954.472.2201  
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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 does comply with HIPAA regulations.

**What is HIPAA and how does the Privacy Rule affect you?** The Health Insurance Portability and Accountability Act of 1996 (HIPAA) 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 comply with this regulation. Under the Privacy Rule, you are guaranteed 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?** Any health information you provide to our practice, including your mailing address. Information that is created and retained by our practice or received from another healthcare provider that relates to your treatment, healthcare operations, payment and/or that identifies you as an individual.

**What is the Notice of Privacy Practice?** Our official Notice of Privacy Practice is posted in our reception area and informs our patients about their rights surrounding the protection of their Individually Identifiable Health Information and our obligations concerning the use and disclosure of such information. This notice applies to all records created, obtained or retained by our practice. We may update our Notice of Privacy Practices at any time. Our Notice of Privacy Practice will be posted in our reception area and you may ask for a copy at any time.

The following categories describe the circumstances in which we may use and disclose your Individually Identifiable Health Information:

- |                                      |  |
|--------------------------------------|--|
| Treatment                            | Appointment Reminders                    |
| Payment                              | Health Care Operations                   |
| Treatment Options                    | Disclosures required by law              |
| Health-related benefits and services | Release of Information to Family/Friends |

The following categories describe unique situations in which we may disclose your Individually Identifiable Health Information:

Public Health Risks	Health Oversight Committees
Lawsuits and Similar Activities	Deceased Patients
Organ and Tissue Donation	Serious Threats to Health or Safety
Military	National Security Inmates
Worker's Compensation	Law Enforcement
Research	

**What are your rights concerning your Individually Identifiable Health Information?** You have rights regarding the Individually Identifiable Health Information that we maintain about you. The policies and procedures for the following circumstances are listed in our Notice of Privacy Practices:

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

If you have any questions regarding this notice or our Privacy Practices please contact:

Ruthe Dugan, Privacy Officer  
201 NW 82<sup>nd</sup> Avenue, Suite 104  
Plantation, FL 33324  
954-472-2201

I have read the short notice provided by Plantation Gynecologic Associates, L.L.C. and have been informed of how to obtain more information regarding the practice's Notice of Privacy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name