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## STATEMENT OF PRIVACY PRACTICES

Our office is committed to protecting the privacy rights of our patients and the confidential information entrusted to us. The dedication of each employee to ensure that your health information is never compromised is our paramount importance in our practice. We amend our privacy practices but will always inform you of any changes that might affect your rights.

### **PROTECTING YOUR PERSONAL HEALTHCARE INFORMATION**

We use and disclose information we collect from you only as allowed by the Health Insurance Portability and Accountability Act and the state of Nevada. This includes issues relating to your treatment, payment and our health care procedures. Unless you object, we may share relevant information about you with family members or friends who are helping you with your Perinatal care. Your personal health information will never be otherwise given to anyone without your written consent. You, of course, may give written authorization for us to disclose your information to anyone you choose, for any purpose.

Our office and electronic system are secure from unauthorized access and our employees are trained to make certain that the confidentiality of your records is always protected. Our privacy policy and practices apply to all former, current and future patients, so you can be confident that your protected health information will never be improperly disclosed or released.

### **COLLECTING PROTECTED HEALTH INFORMATION**

We will only request personal information need to provide our standard of quality perinatal care, implement payment activities, conduct normal health practice procedures and comply with the law. This may include your name, address, telephone number(s), Social Security Number, employment date, medical history, health records, etc. While most of the information will be collected from you, we may obtain information from third parties if it is deemed necessary. Regardless of the source, your personal information will always be protected to the full extent of the law.

### **DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

As stated above, we may disclose information as required by law. We are obligated to provide information to law officials under certain circumstances. We will not use your information for marketing purposes without your written consent.

We may use and/or disclose your health information to communicate reminders about your appointments including voicemail messages, answering machines, and postcards.

### **PATIENT RIGHTS**

You have a right to request copies of your healthcare information and to request a list of instances in which we or our business associates have disclosed your protected information. All such requests must be in writing. We may charge for copies in an amount allowed by law. If you believe your rights have been violated, we urge you to notify us immediately. You can also contact the U.S. Department of Health and Human Services. We thank you for being a patient in our office. Please let us know if you have any questions concerning your privacy rights and the protection of your health information.



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## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

I hereby acknowledge that I have been presented  
this Notice of Privacy Practices

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

### ACKNOWLEDGMENT REFUSED

On this date, the undersigned patient refused or failed to acknowledge receipt  
of this Notice of Privacy Practices.

Date \_\_\_\_\_

Name of Patient \_\_\_\_\_

Reason for refusal/failure \_\_\_\_\_

Signature of Desert Perinatal Employee \_\_\_\_\_

(File Signed Copy with Patient's Record)