



HUGO D. RIBOT JR., M.D., F.A.C.O.G.
D. MALCOLM BARFIELD, D.O., F.A.C.O.G.

HIPAA Privacy Rule Receipt of Notice of Privacy Practices Written Acknowledgment Form

Women's Surgery Center (d/b/a Georgia Advanced Surgery Center for Women, LLC)

Acknowledgment of receipt of Information Practices Notice (§164.520(a))

I understand that as part of my health care, Georgia Advanced Surgery Center for Women, LLC originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I acknowledge that I have been provided with and understand that Georgia Advanced Surgery Center for Women, LLC **Notice of Privacy Practices** provides a complete description of the uses and disclosures of my health information.

I understand that:

I have the right to review Georgia Advanced Surgery Center for Women, LLC Notice of Privacy Practices prior to signing this acknowledgment; that Georgia Advanced Surgery Center for Women, LLC reserves the right to change their Notice of Privacy Practices and prior to implementation of this will mail a copy of any revised notice to the address I've provided if requested.

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but it could not be obtained because:

- Individual refused to sign
- Communication barrier prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining acknowledgment
- Others (please specify)

Kristi Plank, R.N.

Date



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HIPAA NOTICE OF PRIVACY PRACTICES WOMEN'S SURGERY CENTER, LLC, d/b/a GEORGIA ADVANCED SURGERY CENTER FOR WOMEN

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

According to the Federal Law called HIPAA (Healthcare Information Portability and Accountability Act), disclosures of information about you for some purposes do not need special consent. These disclosures are for the purpose of providing your medical care or for billing your insurer. For example, a doctor may call another doctor about your medical problems and discuss your condition without special consent. We may contact your insurer about a claim for your care without special consent. We may arrange for your care by a pharmacy without special consent. We may discuss arrangements for your care at a hospital without special consent.

There are some disclosures of your private information that are required by law, such as reporting certain diseases to public health agencies, reporting victims of abuse, and disclosures for organ donation.

In addition, we may disclose private health information to your family members relevant to their involvement in your care or relevant to reimbursement issues.

In general, other disclosures of private health information will be made only with your consent in writing, and you have the right to revoke that consent.

You have certain rights to protect the confidentiality of your health information:

You can request to have restrictions on the use or disclosure of information about you for treatment, payment, or health care operations purposes. However, we are not required to agree with these restrictions, and we may decide not to accept the responsibility for your care under these circumstances. In an emergency, you will always receive care before adjudicating these issues.

You have the right to request and we have the right to accommodate reasonable requests for you to receive confidential information by alternative means or at alternative locations. For example, you might wish to receive letters from us at an address not your usual residence, and we would try to accommodate you.



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You have the right to inspect and receive a copy (for a fee) of your health information in this office. GEORGIA ADVANCED SURGERY CENTER FOR WOMEN, LLC may deny access to records if there were a question of endangerment to you or to others by that access.

You have the right to request an amendment of your confidential information, but we have the right to deny that request in certain circumstances. You cannot amend a record that we did not create at GEORGIA ADVANCED SURGERY CENTER FOR WOMEN, LLC.

You have a right to receive an accounting of disclosures of your confidential information, but such a listing does not have to be made in circumstances:

- Pertaining to your treatment, payment issues, or health care operations.
- When the disclosure is to you of your own information.
- When the disclosure is to persons involved in your health care.
- For national security or intelligence purposes or for certain law enforcement purposes.

In general, if there is a request for use of your health information, and there is any question about the impact of HIPAA on that request, you will be asked for written consent for release of that information first. We proactively intend to follow the letter and spirit of the confidentiality law.

If you have a complaint about privacy of your medical records, or you believe that your privacy rights have been violated you may:

Complain to this facility in writing, addressed to the “**Clinical Manager, GEORGIA ADVANCED SURGERY CENTER FOR WOMEN, 958-A JOE FRANK HARRIS PARKWAY, SUITE 107, CARTERSVILLE, GA 30121.**”

Complain in writing to the Secretary of Health and Human Services, 200 Independence Ave, Washington DC 20201.

The effective date of this policy is April 14, 2003.

A detailed version of this notice is available upon request.