



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

Santa Monica Gyn-Ob Medical Group is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described below.

USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION

Santa Monica Gyn-Ob Medical Group uses your personal health information primarily for treatment including providing necessary information to other physicians for referred care, obtaining payment for treatment from insurance companies, conducting internal administrative activities and evaluating the quality of care that we provide. For example, Santa Monica Gyn-Ob Medical Group may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Santa Monica Gyn-Ob Medical Group may also use or disclose your personal health information without prior authorization for public health purposes, auditing purposes and emergencies. We will also provide this information when required by law.

Santa Monica Gyn-Ob Medical Group's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you have the right to later revoke that authorization to stop future disclosures at any time.

Santa Monica Gyn-Ob Medical Group may change its policy at any time. When changes are made, a new Notice of Privacy Practices will be posted in the waiting room and will be provided to you on your next visit. You may also request an updated copy of our Notice of Privacy Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you or when required by law or in emergency situations. Santa Monica Gyn-Ob Medical Group will consider all such requests of restrictions on a case-by-case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Santa Monica Gyn-Ob Medical Group may have violated your privacy rights or if you disagree with any decision we have made regarding access or disclosure of your personal health information, please contact our office manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Santa Monica Gyn-Ob Medical Group's health information practices, or if you have a complaint, please contact the office manager.



**SANTA MONICA GYN-OB MEDICAL GROUP
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

I have read and fully understand Santa Monica Gyn-Ob Medical Group's Notice of Privacy Practices. I understand that Santa Monica Gyn-Ob Medical Group may use or disclose my personal health information for carrying out treatment, obtaining payment from insurance carriers, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice in writing. I also understand that Santa Monica Gyn-Ob Medical Group will consider requests for restriction on a case-by-case basis, but does not have to agree to these requests.

I hereby authorize the use and disclosure of my personal health information for purposes as noted in Santa Monica Gyn-Ob Medical Group's Notice of Privacy Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

PATIENT'S NAME: _____

SIGNATURE: _____ DATE: _____