Center for Women's Health

ADVANCED AND PERSONALIZED CARE FOR WOMEN
C. Funsho Fagbohun, MD, PhD, FACOG, FACS
Cynthia I. Rios, MD, FACOG
Sarah D. Nelson, MD, FACOG
Olubunmi O. Olude, MD
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Obstetrics, Gynecology, & Minimally Invasive Surgery

Fort Bend Doctors' Pavilion
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HEALTH INSURANCE PORTABILITY & ACCESSIBILITY ACT PRIVACY NOTICE (HIPPA)
FOR THE OFFICE OF
C. FUNSHO FAGBOHUN, M.D., PhD., P.A.
NOTICES OF PRIVACY PRACTICES

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.

Uses and Disclosures of Health Information

With your consent, we may use health information about you for treatment (such as sending your medical record information to other physicians as a part of a referral), to obtain payment for treatment (such as sending billing information to a health insurance plan), for administrative purposes and to evaluate the quality of care that you receive (such as comparing patient data to improve health treatment methods).
We may use or disclose identifiable health information about you without your authorization for several reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, abuse of neglect reporting, auditing purposes, research studies, funeral arrangements and organ donation, worker's compensation purposes and emergencies. We provide information when requested by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization to disclose information, you can later revoke that authorization to stop any further uses and disclosures.
We may change our policies at anytime. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area, in each examining room and on our website (where applicable). You can also request a copy of our notice at anytime. For more information about our privacy practices, contact our Privacy Officer.

Individual Rights

In most cases, you have the right to look at or get a copy of the heath information that is about you, that we may use to make decisions about you. If you request copies, we will charge 25 dollars for the first 20 pages; each additional page will be 50 cents. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your medical record is incorrect or if important information is missing, you must have the right to request that we correct the existing information or add the missing information.
You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. If this notice is sent to you electronically, you may obtain a paper copy of the notice.

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Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I am acknowledging that I have received the Notice of Privacy Practices for Center for Women's Health which explains how my personal health information may be used and disclosed, and I am aware of my rights as a patient.

_____ _____
Patient Name Date

_____ _____
Patient Signature Date

_____ _____
Name of Legal Representative (if applicable) Date

_____ _____
Signature of Legal Representative Date

_____
Description of Authority of Legal Representative

FOR CLINIC USE ONLY:

Center for Women's Health made the following good faith efforts to obtain the above referenced individual's written acknowledgement of receipt of Notice of Privacy Practice:

[Identify the efforts that were made, including the reasons (if any) why written acknowledgement was not obtained]