Women's Obstetrics & Gynecology, P.C.
115 Technology Drive, Suite A200
Trumbull, CT 06611
Telephone: (203) 268-2239 Fax: (203) 268-9143
womensobandgyn.com

Ronika D. Choudhary, M.D., F.A.C.O.G Dina Barnaby, D.O.

The Health Insurance Portability and Accountability Act (HIPPA) of 1996

I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly
- Obtain payment from third party payers
- Conduct normal healthcare operations such as quality assessments and physicians/providers certifications/training

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to any requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

Patient Name: ____

Signature: ______________________________________ Date: _______________

Other than Patient (Name): ___________________________________ Relationship to Patient: _____________

Office Use Only

I attempted to obtain the patients' signature in acknowledgement of the Notice of Privacy Practices above, but was unable to do so as documented below.

Date;_________________________ Initials: __________________

Reason: ____