



Bethany Women's Healthcare
 Building Relationships for a Lifetime
 3660 W. Bethany Home Road
 Suite A
 Phoenix, AZ 85019
 602-973-3200
www.bethanywomen.com

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Page 1 of 2

Patient Name: _____ **Date of Birth:** _____

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines prohibit us from releasing information to anyone other than our patients without specific written consent from the patient. This includes the release of medical information, appointment scheduling, and cancellations. Please indicate below if you would like anyone other than yourself to have access to your information.

Release of Medical Information:

- () I authorize the release of information including diagnosis, treatment, and insurance claim Information to:
 - () Spouse: _____
 - () Parent: _____
 - () Child(ren): _____
 - () Other: _____
- () Information is NOT to be released to anyone.

THIS RELEASE WILL REMAIN IN EFFECT UNTIL TERMINATED IN WRITING.

Messages:

- Please call: () my home number: _____
 () my work number: _____
 () my cell number: _____
 () other: _____

If unable to reach me:

- () You may leave a detailed message.
- () Please leave a message asking me to return your call.
- () Other: _____

We can only leave messages with those people that you have approved above.

NOTE: The best time to reach me is (day) _____ at (time) _____.

 Signature of Patient

 Signature of Witness/BWH Representative

 Date

 Date



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PATIENT ACKNOWLEDGEMENT: NOTICE OF PRIVACY PRACTICES

Page 2 of 2

Patient Name: _____ **Date of Birth:** _____

I have received and understand this practice's Notice of Privacy Practices written in straightforward language. The Notice describes in detail how my protected health information may be used and disclosed, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that Bethany Women's Healthcare reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information present at, or controlled by, this practice. If changes to the policy occur, Bethany Women's Healthcare will provide me a revised Notice of Privacy Practices upon request..

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Date

PATIENT PRIVACY POLICY

Due to the configuration of our office, it is possible that during check-in and check-out, you may overhear things said by other patients, or they may overhear things that you say. We will make a consistent, good faith effort to preserve your privacy at all times by taking your history in our exam rooms, or discussing your care in the physicians' private offices. Our staff will not discuss issues of a personal nature in public areas. Please cooperate with us by not speaking of personal issues if you notice another patient or family member approaching in the hallway. Thank you.

Patient's Initials

Date

BWH Office Staff Witness

Date



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Notice of Privacy Policies for Bethany Women's Healthcare

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

Introduction

There is a federal law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that sets rules for healthcare providers and health plans about who can look at, and receive your health information. A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

At Bethany Women's Healthcare, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Policies describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

Understanding Your Health Record/Information

Each time you visit Bethany Women's Healthcare, information about your visit is collected. Typically, this information includes your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the citizens of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess, and continually work to improve, the care we render, and the outcomes we achieve

Understanding what is in your record, and how your health information is used, helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information; and, make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Bethany Women's Healthcare, the information belongs to you.

You have the right to:

- Obtain a paper copy of this [Notice of Privacy Policies](#) upon request
- Ask to see or get a copy of your health record generated by providers at Bethany Women's Healthcare
- Amend your health record or add information to your file if you think something is missing or incomplete
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change substantially, we will mail a revised notice to the address you've supplied us or, if you agree, we will e-mail the revised notice to you. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information OR To Report a Problem

If you have questions and would like additional information, you may contact our office manager at 602-973-3200.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights at the address listed below.

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201**