



PATIENT PRIVACY NOTICE

In accordance with the Federal Privacy Law (HIPAA), **Scotsdale Women's Center** keeps medical information and records confidential and will only use them for patient treatment, health care operations, and billing purposes.

TREATMENT: Our physicians, clinicians, and staff will use your medical information to give you the best possible care.

OPERATION: **Scotsdale Women's Center** will use this information for appropriate follow up care, patient notification, statistical & regulatory requirements, and internal quality assurance programs.

BILLING: **Scotsdale Women's Center** will use your medical information to bill the appropriate third party(ies) for your care.

DISCLOSURE OF INFORMATION WITH EXTENUATING CIRCUMSTANCES

1. Health information will be given to family members in case of an emergency or under other circumstances with proper authorization and documentation.
2. Health information may be given to other physicians or institutions under emergency situations.
3. Information may be given to proper authorities when neglect or abuse is alleged or suspected.
4. Information may be provided to courts or other agencies when a subpoena is given to this office.

I understand that, if I have any questions, I should direct them to the **Scotsdale Women's Center** Privacy Officer.

My signature below indicates that I understand the above policy, that all of my questions were answered to my complete satisfaction and that I agree to the above Privacy Policy.

Patient Signature _____ Date/Time _____

Print Patient Name _____ Witness _____