

The Maternal Fetal Center, Inc.
Danielle M. Esters, M.D.



NOTICE OF PRIVACY

As required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). This notice takes effect on April 14, 2003 and remains in effect until we replace it.

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintain the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

Law requires us to:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
- Follow the terms of the notice that is now in effect.

We have the Right to:

- Change our privacy practices and the terms of this notice at any time, providing
- Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

WE WILL NOT USE OR DISCLOSE YOUR MEDICAL INFORMATION FOR ANY PURPOSE NOT LISTED BELOW, WITHOUT YOUR SPECIFIC WRITTEN AUTHORIZATION.

We may use and disclose your medical information to:

- Doctors, nurses, technicians, dietitians, pharmacists, medical students, or other people who are taking care of you.
- Any and all health insurance carriers regarding treatment and payment.
- Funeral Directors, Coroners, and Medical Examiners to assist them in carrying out their duties.
- Judges and Law Enforcement Officials.
- Public Health and Legal Authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect.
- Workers Compensation or similar programs.
- Public or private organization or persons who can legally assist in disaster relief efforts.

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You have a right to look at or get copies of your medical information. If you request copies, we will charge you \$1.00 for each page, and postage if you want the copies mailed to you.

If you have any questions about this notice, please contact:

Dr. Danielle Esters
1035 S. State Road 7, Suite 120 A
Wellington, FL 33414

If you think that we may have violated your privacy rights, contact the person named above. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

ACKNOWLEDGEMENT

I, _____ acknowledge that I have reviewed the notice of privacy practices.

Patient Name

Date

Request copy of this notice

NO _____

Yes _____

Witnessed _____