

DALLAS WOMEN'S HEALTHCARE SPECIALISTS, P.L.L.C  
NOTICE OF PRIVACY PRACTICES

Dallas Women's Healthcare Specialists, P.L.L.C is committed to the protection of your protected health information (PHI). We are required to inform you of your rights as they relate to your PHI and the sharing of this information with others, the restrictions which may be placed on the disclosure of your PHI, and your ability to review your own medical records.

Your PHI may be used to carry out your treatment of a medical condition, to attempt obtaining payment for care given by this office, or carry out other related healthcare activities upon your behalf.

Your PHI may be disclosed to provide, coordinate, or otherwise manage your healthcare. Those who may be involved in your care include the physicians, nurses, medical assistants, and administrative personnel of Dallas Women's Healthcare Specialists. They may also include laboratory personnel or other physicians or healthcare workers whom you may be referred to for further evaluation and treatment.

Your PHI may be used to obtain payment for services rendered to you at Dallas Women's Healthcare Specialists, P.L.L.C. Your PHI may also be shared with your insurance company in the process of approving planned medical services or services previously performed.

Your PHI may be used in the operations of the routine activities performed at Dallas Women's Healthcare Specialists, P.L.L.C. Your PHI may be used in the training of other physicians or allied healthcare workers, in the assessment of employee performance and office practices. We may call you by name in the waiting room or have you sign in on a sign in sheet. We may contact you by telephone or leave appropriate messages on your voicemail or answering machine.

We do not require your permission to share PHI if a legal requirement exists for us to provide the information. Examples may include but are limited to public health issues, abuse or neglect issues, Food and Drug Administration requirements, legal proceedings, health oversight, communicable disease oversight, law enforcement concerns, or by request from the Secretary of the Department of Health and Human Services.

Other disclosures of your PHI will be made only with your written authorization. You may revoke or limit your authorization at any time provided that this limitation is provided in writing. You may not revoke any disclosure which has taken place prior to our receiving your written revocation or limitation of disclosure.

Your rights regarding your PHI include your right to receive this notice in writing or by facsimile. You may receive other confidential communications from this office if a written request has been received by Dallas Women's Healthcare Specialists, P.L.L.C. You may inspect your medical record at a mutually agreed time within the confines of Dallas Women's Healthcare Specialists, P.L.L.C. The review may be charged as an appointment visit, and you may be charged a reasonable fee for the copying, labor, postage, and supplies used to meet your request.

You have the right to ask that your PHI be amended. You must submit this request in writing. Dallas Women's Healthcare Specialists, P.L.L.C is not required to amend the PHI. You may file a statement of disagreement in the event your request for amendment is denied. We may respond with a rebuttal and provide you with a copy of the rebuttal.

You have the right to place a restriction on your PHI. Dallas Women's Healthcare Specialists P.L.L.C. is not required to accept this restriction. You may restrict any part or your entire PHI, or you may restrict or allow the disclosure of PHI to family members or friends who may be involved in your care. These restrictions must be specific and must be in writing. If your provider feels that restriction of your PHI is not in your best interests, then Dallas Women's Healthcare Specialists, P.L.L.C may provide PHI for emergency treatment or as required by law despite any restrictions previously placed.



If Dallas Women's Specialists P.L.L.C. discloses any PHI for reasons other than treatment, payment, or operations, then you have a right to an accounting of these disclosures. Your PHI privacy officer may notify you of any changes to this notice. You then have the right to accept these charges or withdraw your agreement to this notice.

You have the right receive, review, and consent to this notice prior to being seen or treated. If at any time you feel your privacy rights have been violated or compromised you should submit a written complaint to Dallas Women's Healthcare Specialists, P.L.L.C. Alternatively, you may contact the secretary for Health and Human Services.

If you have any questions regarding this notice, please contact our PHI privacy officer, Alejandro Singer, M.D., at Dallas Women's Healthcare Specialists, P.L.L.C. ; 5959 Harry Hines Blvd. Suite 708 Dallas TX 75235 (214) 879-8585 phone or (214) 879-8583 fax.

#### Receipt of Notice of Privacy Practices for Dallas Women's Healthcare Specialists P.L.L.C.

I, \_\_\_\_\_, acknowledge the receipt of the Notice of Privacy Practices for Dallas Women's Healthcare Specialists, P.L.L.C. I understand that this notice describes my rights as they relate to the disclosure of my protected health information.

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Signature of patient

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Date