

**Women's Institute for Gynecology & Minimally Invasive Surgery, LLC**

**1600 Sixth Ave, Suite #117**

**York, PA 17403**

**(717) 840-9885 (717) 840-9313 FAX**

**COMMUNICATION CONSENT**

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996, a federal law. The Administrative Simplification section of this Act is of concern to our practice and requires us to comply with specific rules regarding:

- Unique Identifiers for health plans, providers, individuals and employers
- Healthcare Transactions and Code Sets for transmitting electronic data
- Privacy Regulations over disclosure and use of health information
- Security Regulations over protections of electronic health information

All of these rules have been developed by the Department of Health and Human Services and will be final in a staged manner.

It will be the policy of Women's Institute for Gynecology & Minimally Invasive Surgery, LLC not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, e-mail, cellular phone, pager and/or fax. Whenever returning telephone calls and answering machine pick ups, we will not leave a message if the name or telephone number is not on the recording message to identify the residence. Information will not be left with an unauthorized person who may answer your telephone.

Please list the telephone numbers where you authorize Women's Institute of Minimally Invasive Surgery, Ltd. to contact you:

	<b>Yes</b>	<b>Number</b>
Home Telephone	_____	_____
Answering Machine	_____	_____
Work Telephone	_____	_____
Voice Mail	_____	_____
Cellular Phone	_____	_____
Pager	_____	_____

Please provide us with the emergency contacts and telephone numbers where you authorize, Women's Institute for Gynecology & Minimally Invasive Surgery LLC to release your information:

<b>Name</b>	<b>Number</b>
_____	_____
_____	_____

Is there anyone you do not want Women's Institute for Gynecology & Minimally Invasive Surgery, LLC to release information to:

Name \_\_\_\_\_

Records may be forwarded to a Specialist or PCP for continuity of patient care.

I have reviewed the Notice of Privacy Practices for Protected Health Information for Women's Institute of Minimally Invasive Surgery, Ltd. I understand that Women's Institute for Gynecology & Minimally Invasive Surgery, LLC will not disclose my medical information for any other purpose than stated in the notice without my written permission. If you would like a copy of this HIPAA Consent or Notice of Privacy Practices, please ask the front desk staff.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date