

## **Feminist Women's Health Center Patient Privacy Notice Authorization**

In order to comply with new federal guidelines outlined in the Health Insurance Portability & Accountability Act of 1996 (HIPAA), a Federal law which seeks to protect the privacy of consumers' healthcare information, we are advising you of your right as to how your medical information may be used.

The *NOTICE OF PRIVACY PRACTICES* located in the waiting rooms of the clinic outlines how personal information about you may be used and how you can get access to this information. If you would like a paper copy of the *NOTICE OF PRIVACY PRACTICES* please ask and we will be glad to provide you with one.

I have also been informed that any payment I make today is part of a global fee structure, which means that it is a discounted fee. Therefore, I may not file insurance at any time for reimbursement in relation to services I receive today. Furthermore, I understand and agree that the receipt for my payment today does not include an itemized statement and that the Feminist Women's Health Center is not obligated to issue itemized statements for services rendered.

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I authorize the Feminist Women's Health Center to communicate medical information pertaining to my care by the methods outlined in the *NOTICE OF PRIVACY PRACTICES*. I am aware that I may ask for a paper copy of the *NOTICE OF PRIVACY PRACTICES* at any time.

Client signature \_\_\_\_\_

Witness \_\_\_\_\_