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PATIENT NOTICE

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996(a federal law). Of significant concern to healthcare organizations is the Administrative Simplification Section of the Act, which requires healthcare organizations to comply with specific rules regarding:

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

I authorize Castillo Walters OB/GYN to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

Home telephone Yes _____ No _____ Tel.#: _____

Answering machine at home Yes _____ No _____

Work telephone Yes _____ No _____ Tel #: _____

Voice mail at work Yes _____ No _____

Cell phone/cell phone voice mail Yes _____ No _____ Cell #: _____

Pager Yes _____ No _____ Pager.#: _____

E-mail Yes _____ No _____ E-mail address: _____

Please list names of people we can discuss your medical care with :

Name	Yes	No	Relationship	Phone number

 Signature Patient/ Guardian

 Date