Johanne Y. Compas-Baril, M.D
Obstetrics and gynecology

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used or disclosed and how you can get access to this information. Please read carefully.

Your protected health information will be used in the following instances for the purposes of treatment, payment or health care operations:

· Contacting your insurance carrier for payment, benefits and medical review

· Contacting your primary care physician or any other specialist related to your treatment

· Obtaining information from hospitals and labs directly related to your treatment

· For use among medical office staff to determine treatment and payment

· Disclosing your information to labs for the purpose of ordering tests

· Obtaining medical records from you doctors for the purpose of your treatment

It may be necessary to contact certain individuals regarding the purposes below:

· Providing appointment reminders

· Describing or recommending treatment alternatives

· Discussing your payment options with the individual responsible for your treatment

will not use or disclose your protested health information for any other purpose without obtaining an authorization from you. You may revoke your authorization of disclosure at any time. You have the right to:

· Request restrictions on certain uses and disclosures

· Receive confidential communications of your protected health information

· Inspect and copy your protected health information

· Amend your protected health information

· Obtain an accounting of disclosures of your protected health information

Johanne Y. Compas-Baril, M.D.P.A. is legally obligated to:

· Maintain the privacy of your protected health information

· Provide this *Notice of Privacy Practices*

· Abide by the terms of this notice

Johanne Y. Compas-Baril M.D., P.A. reserves the right to change its privacy practice and apply revise policy practices to protected health information.

If, Johanne Y. Compas-Baril, M.D.P.A. makes changes to privacy practices, we will provide you with the revised notice.

I have read the above: _____ Date: _____