

Coast OB-GYN 366 San Miguel Dr. #209 Newport Beach, CA 92660

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We understand that medical information about you and your health is personal. As the custodians of the information in your medical record, we are committed to protecting the privacy of your information as required by law, professional accreditation standards and our internal policies and procedures.

Please understand that this summary is not our Notice of Privacy Practices, nor is it a substitute for the notice. Attached is your personal copy of our Notice of Privacy Practices. This notice explains your rights, our legal duties and our privacy practices. It also describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Notice of Privacy Practices includes sections on:

Our Pledge, Your Personal Information, Our Privacy Practices, How We May Use or Share Your Information, Special Circumstances and the Law:; How you give permission to use your information, Other Restrictions, Your Rights, Changes to your records, and Filing Questions or Complaints.

We ask that you sign and return this cover letter to us for our records. Your signature only acknowledges that we have provided you a personal, paper copy of our Notice of Privacy Practices as required by law. The law also requires us to document the fact that we have distributed the notice by collecting and retaining these signed acknowledgements.

If, after reviewing the notice, you decide that you do not want to retain your paper copy, please return it to our receptionist and we will recycle it.

l hereby acknowledge recei	pt of the Notice of Privacy:	
Signature	Printed Name	Date
etc.) may be left with anyon communication acceptable, Below is a list of co acceptable means of comm a box, you are granting us p	e but, the patient. We realize that even though total confidentiality communication options. Please place nunication information on the line propermission to communicate any a	(diagnoses, lab results, answers to questions, many patients may find multiple methods of annot be guaranteed. See a check mark next to the methods that are rovided. Please understand that by checking and all information to you in this manner. The mat manner. If in doubt, we recommend not
Home Answering Machine	or Voicemail:	Acceptable □
Office Voicemail:		Acceptable □
Cell Phone Voicemail:		Acceptable □
Message with Spouse:		Acceptable □
 Signature	Printed Name	 Date