

**LifeTime OB/GYN, Ltd.**  
SUMMARY OF HIPPA PRIVACY PRACTICES

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

LifeTime OB/GYN, Ltd. May use and disclose protected health information about me to carry out treatment, payment and healthcare operations. Additionally, LifeTime OB/GYN, Ltd. may use and disclose appointment reminders, treatment alternatives and health related benefits and services by mail or phone.

When appropriate LifeTime OB/GYN, Ltd. may share health information with a person who is involved in my medical care or payment for my care. Under certain circumstances LifeTime OB/GYN, Ltd. may use and disclose health information for research. We will disclose health information when required to do so by international, federal, state or local law, or to avert a serious threat to health or safety. Other entities include but are not limited to: business associates, organ and tissue donation organizations, the military and workers compensation.

I understand I have the right to inspect, copy and amend records. I have the right to an accounting of disclosures as well as being able to request restrictions on disclosures and request confidential communication with the office.

I further attest that I am aware that this is a summary of the LifeTime OB/GYN, Ltd.'s privacy notice and that I have been given the opportunity to obtain and review the notice in its entirety.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Printed Name of Patient or Legal Guardian

\_\_\_\_\_  
Today's date