

George Matsuda, M.D. | Diamond Cosmetic Gynecology

HIPAA Information and Consent Form

At Diamond Cosmetic Gynecology, your privacy is a very important part of our mission and plays a very big factor in your experience. Dr. Matsuda and his staff adhere to the highest standards of respecting and protecting privacy and the confidentiality of your health care information. Additionally, our team complies with all state and federal regulations regarding the privacy of individual health care information, including HIPAA (Health Care Insurance Privacy and Protection Act), enacted on April 14, 2003.

As of April 14th 2003, we are required by law to offer you a copy of the "Notice of Privacy Practices" regarding your Personal Health Information (PHI).

Your PHI, also known as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of this state and the nation.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

The "Notice of Privacy Practice" details the following:

- How we may use/disclose your PHI to carry out treatment, payment, or health care operations.
- How you may request copies of your healthcare information.
- How you may verify the accuracy of this information.
- How you may request an accounting of certain external disclosures of your PHI.

I understand that as part of this organization's treatment, payment, or health care operation, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

Please acknowledge that you have been offered a "Notice of Privacy Practices" by signing below:

"I have been offered a Notice of Privacy Practices by the offices of Diamond Cosmetic Gynecology and fully understand and accept the terms of this consent."

Signature: _____ Date: _____

Patient Name: _____