Best Start Birth Center 3630 Enterprise Street San Diego, California 92110 619-299-0840 1-800-479-BABY 619-299-0892 Fax www.beststartbirthcenter.com

## **Notice of Privacy Practices and Patient Consent For Use and Disclosure of Protected Health Information**

| PATIENT NAME  | DATE  |
|---|---|
| I understand that under the Health Insurance Portability and Accouncertain Patient Rights regarding my protected health information.  | tability Act of 1996 (HIPAA), I have  |
| I understand that Best Start Birth Center may use or disclose my pro-<br>treatment, payment or health care operations—which means for prov-<br>handling billing and payment; and, taking care of other health care op-<br>there will be no other uses and disclosures of this information without   | iding health care to me, the patient;<br>perations. Unless required by law, |
| Best Start Birth Center has a detailed document called the 'Notice of more complete description of your rights to privacy and how we may information.   | •   |
| I understand that I have the right to read the 'Notice' before signing to Birth Center will provide me with the most current Notice of Privacy F  |   |
| <b>My signature</b> below indicates that I have been given the chance to re <i>Privacy Practices</i> . My signature means that I agree to allow Best Starmy protected health information to carry out treatment, payment, and right to revoke this consent in writing at any time, except to the extentaken action relying on this consent. | t Birth Center to use and disclose health care operations. I have the       |
| SIGNATURE (Patient or Legal Custodian/Authorized Representative)  | DATE  |
| Relationship to Patient if signed by another party  | DATE  |
| You may obtain a copy of our <i>Notice of Privacy Practices</i> , including a time by contacting: Best Start Birth Center, 3630 Enterprise St.  San Diego, CA 92110  Phone: (619) 299-0840 or (800) 479-2229.   | ny revisions of our 'Notice' at any   |

**FORM Us**