

Wafika M. Fahmy, M.D
Obstetrics & Gynecology

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Dear Patients,

We always had privacy rules for your health information. It was never released to anyone without your consent, even to your spouse, unless he is accompanying you to this office. With your consent he could be present during the discussions.

Now because of new law HIPPA we have to notify you and get a written Consent ahead of time for all expected health information that we might have to release.

1. We do not have electronic billing so there is no way that your information can be retrieved by computer hackers.
2. You do sign a paper, "super bill", which allows us to release information to your insurance company for billing purposes.
3. Any physician needing your medical information for helping you in treatment. We will need your signed consent in elective cases and direct us as to who should we release the information. In case of an emergency, where you are not in condition to sign we might release it to a physician for the purpose of saving your life.
4. To keep your records as confident as possible please provide us with names of people that can have access to your health information. (In case they call out of concern for you.)
 1. Husband- _____
 2. Children- _____
 3. Other- _____
 4. Family Physician- _____

We will be dilligent in keeping your health information assure. If there is a new medical assistant she may not recognize you on the phone and might advice you to come in for an office visit. Please pardon us for that.

If you have any questions regarding this form please discuss it with me.

Thank you for your cooperation
Wafika M. Fahmy, M.D.

Patient Signature:

X _____
Date _____

Witness:

X _____
Date _____