

John D. Bertrand
M.D., F.A.C.O.G
Jeffrey M. Thurston
M.D., F.A.C.O.G
Jane E. Nokleberg
M.D., F.A.C.O.G
Julie M. Hagood
M.D., F.A.C.O.G



8305 Walnut Hill Lane, STE 100
Dallas, TX 75231
Phone: (214)363-7801
Fax: (214)635-3397

Lauren A. Murray
M.D., F.A.C.O.G
Sooyeon Choi
M.D., F.A.C.O.G
Lauren Battley
M.D.

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 Accountability Act of 1996 (HIPAA), I have certain Patient Rights regarding my protected health information.

I understand that Walnut Hill OB/GYN Associates may use or disclose my protected health information for treatment, billing/payment and or other health care operations. Unless required by law, there will be no other uses and disclosures of this information without my authorization.

Walnut Hill OB/GYN Associates has a detailed document called the "NOTICE OF PRIVACY PRACTICES." It contains a more complete description of your rights to privacy and how we may use and disclose protected health information.

I understand that I have the right to read the "Notice" before signing the agreement. At my request, Walnut Hill OB/GYN Associates will provide me with the most current Notice of Privacy Practices.

My signature below indicates that I have been given the chance to review such copy of the Notice of Privacy Practices. My signature means that I agree to allow Walnut Hill OB/GYN Associates to use and disclose my protected health information to carry out treatment, billing/payment, and other health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Walnut Hill OB/GYN Associates has taken action relying on this consent.

SIGNATURE: _____ **DATE:** _____
(Patient or Legal Custodian/Authorized Representative)

RELATIONSHIP TO PATIENT if signed by another party: _____

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our "Notice" at any time by contacting: Walnut Hill OB/GYN Associates @ 214-363-7801