



Summary and Signature Page

I hereby acknowledge that I have been provided a Privacy Notice for Mid-South Maternal Fetal Medicine, P.C. and understand my rights as a patient.

I understand that my protected health information (PHI) can be used for my treatment, payment and health care operations.

I understand that I have certain rights to restrict the use and disclosure of my PHI, to obtain a copy of the Notice of Privacy Practices and Protected Health Information, to amend in order to correct incomplete or incorrect information in my records, to receive an accounting of disclosures of my PHI, and to request that communication of my PHI be made by alternative means or at an alternative location. ""

I understand that I can request additional information by contacting Lydia Bors-Koefoed at 901-682-2595.

I understand that I can file a complaint by contacting Lydia Bors-Koefoed and that I may also file a complaint by contacting the Secretary of Health and Human Services at 200 Independence Avenue SW, Room 615F, Washington, D.C. 20201.

I understand that I may be contacted by your office for appointment reminders, alternative treatment information, and with information about other health-related benefits and services.

Unless I object, my PHI may be disclosed to assist in notifying a family member, and/or certain other individuals responsible for my care about my location, general condition or my death. My PHI may also be disclosed to assist in disaster relief efforts.

I understand that my PHI may be disclosed as mandated and without my authorization in the following instances:

Controlling Disease	Research
Child Abuse and Neglect	Threat to Health and Safety
Abuse, Neglect, or Domestic Violence	Specialized Government Functions
Judicial/Administrative Procedures	Workers' Compensation

I understand that my PHI may be disclosed as mandated and without my authorization to the following agencies/individuals:

Food and Drug Administration (FDA)	Organ Procurement Organizations
Oversight Agencies	Correctional Institutions
Law Enforcement	Coroners, Medical Examiners, Funeral Dir.

I understand that other uses of my PHI will be made only as otherwise authorized by law or with my written authorization which I may revoke except to the extent information or actions have already been taken.

Signature

Date