In accordance with the Federal Privacy Law (HIPPA), Birth Control Care Center keeps medical information and records confidential and will only use them for patient treatment, health care operations, and billing purposes.

**Treatment:**
Our physicians, clinicians, and staff will use your medical information to give you the best possible care.

**Health Care Operation:**
Birth Control Care Center will use this information for appropriate follow-up care, patient notification, statistical and regulatory requirements, and internal quality assurance programs.

**Billing Purposes:**
Birth Control Care Center will use your medical information to bill the appropriate third party or parties for your care.

**Disclosure of Information with Extenuating Circumstances**

1. Health information will be given to family members in case of an emergency or under other circumstances with proper authorization and documentation.

2. Health information may be given to other physicians or institutions under emergency situations.

3. Information may be given to proper authorities when neglect or abuse is alleged or suspected.

4. Information may be provided to courts or other agencies when a subpoena is given to this office.

I understand that if I have any questions I can speak to a Birth Control Care Center Privacy Officer.

I understand and agree to the above Privacy Policy.

______________________________  ______________________________
Patient Signature                   Witness

______________________________  ______________________________
Patient name - Printed             Date and Time

I agree to allow Birth Control Care Center to contact my referring physician for the purpose of continuity of care.

Yes _____  No _____  N/A _____  Initials __________