



BAYSHORE WOMENS HEALTHCARE
BOARD CERTIFIED IN OBSTETRICS & GYNECOLOGY

Notice of Privacy Practice of Bayshore Women's Healthcare

As required by the Privacy Regulations Created as Results of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This notice describes how Health Information about you as a patient of **Dr. Joseph R. Triana and/or Dr. Albert Triana and/or Dr. Ernesto Cardenas and/or Dr. Francisco Cruz and/or Dr. Youssef Mouhayar** may be used and disclosed, and how you can obtain access to your individually identifiable health information.

Please Review This Notice Carefully,

A: OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our Practice, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice privacy practice that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your IIHI.
- Your privacy rights in your IIHI.
- Our obligation concerning the use and disclosure of your IIHI.

The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that we may create or maintained in the past, and for any of the records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

Patient Signature: _____

Date: _____

Joseph R. Triana, M.D., F.A.C.O.G.
Albert Triana, M.D., F.A.C.O.G.

Francisco Cruz-Pachano, M.D., F.A.C.O.G., R.D.M.S.

Ernesto Cardenas, M.D., F.A.C.O.G.
Youssef Mouhayar, M.D., F.A.C.O.G.