

RICHMOND GYNECOLOGY, P.L.L.C.  
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**Policy** *HIPAA- Privacy Practices Acknowledgment*

**Policy Statement**

All patients will be informed of Ulrika Holm – Chapman, M.D.'s Privacy Practices Policy per HIPAA guidelines.

**Purpose**

To meet the requirements of the Health Insurance Portability & Accountability Act of 1996 "HIPAA"

**Responsible Party**

Signature: \_\_\_\_\_

**Procedure**

1. All new patients will be provided the "Notice of Privacy Practices" and the acknowledgement to sign.
2. Acknowledgement will be placed in patient's medical record.
3. If patient refuses to sign the notice, refusal will be documented and placed in the medical record.
4. The patient may revoke this authorization at any time in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on the authorization.

**PROCEDURE DOCUMENT**

1. HIPAA Privacy Policy
2. HIPAA Acknowledgement