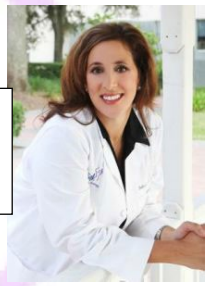
FABEN

Welcome to Our Practice

We are an all-female provider group specializing in obstetrics and gynecology. We are dedicated to providing the highest quality of medical care to women at all stages of life: from adolescence, through the child bearing years and into menopause. To that end we are diligent in our efforts to continue our education and stay abreast of current medical practice. Understanding each woman's unique healthcare needs is important to us. We do our best to answer all your questions and to fully explain the risks and benefits of all treatments and procedures. Finally we believe medical care should be efficient and convenient and will continually work to make it easy for our patients to see us.

Our Providers

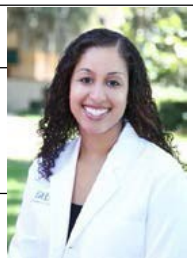


Felicia Fox, M.D. was raised in Thibodaux, LA. She attended medical school at Louisiana State University in Shreveport.

Ana Hicks, M.D. grew up in Chicago, IL. She attended the University Of Illinois College Of Medicine. Dr. Hicks is fluent in Spanish.

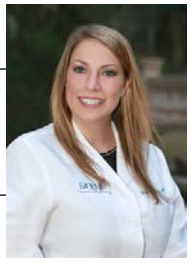
Bettina Kohaut, M.D. studied at the University Of California at Berkley and Michigan State College of Human Medicine. Dr. Kohaut is fluent in German.

Evaleen Caccam, M.D. was born in New Jersey and went on to attend the University of Miami, School of Medicine. Dr. Caccam is fluent in Mandarin Chinese.



Jennifer Guram Porter, M.D. studied at Florida State University, Tallahassee Florida, University of South Carolina School of Medicine and University of Florida College of Medicine.

Kristin Caldow, M.D. grew up in southwest Florida and has lived in FL her whole life. She studied at Florida State University College of Medicine and University of Florida.



Dawn Mormak, M.D. grew up in Westtown, New York. She studied at Clemson University as well as the Medical University of South Carolina.

Office Hours

Monday:	8:00am – 5:00pm
Tuesday:	8:00am – 5:00pm
Wednesday:	8:00am – 5:00pm
Thursday:	8:00am – 5:00pm
Friday:	8:00am – 5:00pm

If you wish to make an appointment, please call the office (option 1), use the link on our website or email us directly at appointments@fabenobgyn.com

At FABEN we strive to provide you with the best possible care. We are always looking for areas where we might improve. Please let us know if there is any way we can better serve you. Your input is very important to us. Questions and comments can be directed to comments@fabenobgyn.com.

Please visit www.fabenobgyn.com for more in depth information, helpful hints, and links to associated sites.

What this folder contains:

- We are required to give you this information and obtain your signature to acknowledge you have read it.
- For your convenience, we include the following information in this folder:

I. Notice of Privacy Practices
II. Release, Guarantee, Assignment and Consent for Treatment
III. Summary of the Florida Patient's Bill of Rights and Responsibilities
IV. Annual Wellness Services
V. Policy Acknowledgement

What you do:

- Read the pages in this folder.
- Sign where indicated (Typically, you will be asked to sign a computer screen that will be attached to your records. You will find a representation of this form at the end of this packet.)
- If you wish to have a copy of any of this information for your personal records, please ask our staff. We can provide you a paper copy to take with you or email a copy with all the pertinent information for your perusal.

I. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer at (904) 346-0050.

WHO WILL FOLLOW THIS NOTICE

This notice describes our office's practices and that of:

- Any health care professional authorized to enter information into your health record.
- All employees, staff and other office personnel.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that information about our patients and their health is personal. We are committed to protecting information about our patients. We create a record of the care and services you receive at this office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this office.

This notice explains the ways in which we may use and disclose health information about patients. We also describe patients' rights and certain obligations we have regarding the use and disclosure of information.

We are required by law to:

- make sure that health information that identifies patients is kept private;
- provide this notice of our legal duties and privacy practices with respect to health information about patients
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT PATIENTS**.**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use information about patients to provide patients with medical treatment or services. We may disclose information about patients to physicians, hospitals and other entities and personnel who are involved in taking care of you. We may share information with other healthcare providers to get patients different things they need, such as prescriptions, lab work and x-rays.

For Payment. We may use and disclose health information about patients so that the treatment and services may be billed to and payment may be collected from patients, an insurance company or a third party. For example, we may need to give a patient's health plan information about treatment provided in the office so the health plan will pay us or reimburse the patient for the surgery. We may also tell health plans about a treatment a patient is going to receive to obtain prior approval or to determine whether the plan will cover the treatment. Pursuant to the form you sign when you begin treatment, we submit information to payers unless you request in writing that you do not want information submitted.

For Health Care Operations. We may use and disclose information about patients for office operations. These uses and disclosures are necessary to run the office and make sure that all of our patients receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for patients. We may also combine information about many patients to decide what additional services the office should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians in other practices for review and learning purposes. We may also combine the information we have with information from other offices to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies patients from this set of information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders. We may use and disclose information to contact you as a reminder that you have an appointment. We may do this through phone calls, voice mail, postcards, letters and other methods. If you do not want to receive reminders, we have a form for you to sign to opt out of the reminder process. Ask us for the form.

Treatment Alternatives. We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose information to tell you about health-related benefits or services that may be of interest to you.

As Required By Law. We will disclose information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Healthy Start. We may provide information to social agencies with which you have enrolled for benefits, such as the Healthy Start program, but only if we receive a faxed request for the information.

SPECIAL SITUATIONS

- **Workers' Compensation**. We may release information about patients for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Minors, pregnancy and STDs**. We may refuse to release information to parents about minor patients' treatment for pregnancy or sexually transmitted diseases, in accordance with Florida law that provides that if minors consent to their own treatment for pregnancy or sexually transmitted diseases, information about the treatment cannot be shared with parents without the minor's consent.

- **Public Health Risks**. We may disclose information about you for public health activities. These activities generally include the following:

  - to prevent or control disease, injury or disability;
  - to report required information to the State;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

- **Health Oversight Activities**. We may disclose information to a health oversight agency like Florida's Agency for Healthcare Administration for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes**. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement**. We may release information if asked to do so by a law enforcement official:

  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the office; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors**. We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

- **National Security and Intelligence Activities**. We may release medical information about patients to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PATIENTS RIGHTS TO THEIR MEDICAL INFORMATION

Patients have the following rights regarding their medical information:

- **Right to Inspect and Copy**. Patients have the right to inspect and copy almost all medical information that may be used to make decisions about their care.

  To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Privacy Officer, FABEN Obstetrics & Gynecology LLC., 836 Prudential Drive, Pavilion Suite #1506 Jacksonville, FL 32207. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

  We may deny your request to inspect and copy in certain very limited circumstances. For example, if we fear that a guardian is abusing a child, we can refuse to disclose the record to that guardian. If you are denied access to information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the office.

  To request an amendment, your request must be made in writing and submitted to the front office, addressed to Privacy Officer, FABEN Obstetrics & Gynecology LLC., 836 Prudential Drive, Pavilion Suite #1506 Jacksonville, FL 32207. In addition, you must provide a reason that supports your request.

  We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the office;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

- **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosures." This is a list of certain disclosures we may have made of medical information about you.

  To request this list or accounting of disclosures, you must submit your request in writing to the front office, addressed to Privacy Officer, FABEN Obstetrics & Gynecology LLC., 836 Prudential Drive, Pavilion Suite #1506 Jacksonville, FL 32207. Your request must state a time period which may not be longer than six years and may not include dates before April 15, 2001. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions**. You have the right to request a restriction or limitation on the

information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the front office, addressed to Privacy Officer, FABEN Obstetrics & Gynecology LLC., 836 Prudential Drive, Pavilion Suite #1506 Jacksonville, FL 32207. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications**. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

  To request confidential communications, you must make your request in writing to the front office, addressed to Privacy Officer, FABEN Obstetrics & Gynecology LLC., 836 Prudential Drive, Pavilion Suite #1506 Jacksonville, FL 32207. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice**. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the office.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the office or with the Secretary of the Department of Health and Human Services. To file a complaint with the office, contact the Privacy Officer at FABEN Obstetrics & Gynecology LLC. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

II. RELEASE, GUARANTEE, ASSIGNMENT AND CONSENT FOR TREATMENT

1. RELEASE OF INFORMATION – I, the below named patient, do hereby authorize any physician examining and/or treating me to release any provider assisting in the care or treatment and to any third payer (such as an insurance company or government agency, example: Blue Shield of Florida or Medicare) any medical, sexual or child abuse, STD, HIV/AIDS, psychiatric condition, alcohol or drug related condition and records concerning diagnosis and treatment when requested by such third party for its use in connection with determining a claim for such treatment and or diagnosis. I agree to hold FABEN Obstetrics & Gynecology LLC. harmless for any good faith releases of health information.

2. ASSIGNMENT OF BENEFITS – I, the below named subscriber, hereby authorize payment directly to FABEN Obstetrics & Gynecology LLC. and/or any physician examining or treating me.

3. MEDICARE/MEDICAID – I certify that the information given by me in applying for payment under title XVIII/XIX of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Centers for Medicare and Medicaid Services, Social Security Administration / Division of Family Services or its intermediaries or carriers any information needed for this or a related Medicare/Medicaid claim. I hereby certify all insurance pertaining to treatment shall be assigned to the physician treating me.

   GUARANTEE OF PAYMENT – I, the below named patient, do hereby guarantee payment of all charges incurred for the services provided by FABEN Obstetrics & Gynecology LLC. I further agree to waive demand and notice of non-payment and protest, and in case suit shall be brought for the collection hereof, or the same is collected upon demand of any attorney, I agree to pay all costs of collection, including, but not limited to, reasonable attorney's fees and interest at the state-allowed rate. I understand that it is my responsibility to provide current and accurate insurance information to FABEN Obstetrics & Gynecology LLC. and to obtain a valid referral, if required. If, for any reason, my insurance does not pay, I agree to pay for all amounts owed to FABEN. I understand that I have the right to obtain a statement of the charges and I waive any notice by FABEN Obstetrics & Gynecology LLC. of the charges.

4. MEDICAID. Please note, FABEN no longer takes Medicaid patients. I understand if I have or obtain Medicaid coverage while a patient of this practice, FABEN will <u>not</u> bill Medicaid for services rendered and I will be financially responsible for payment of the bill.

5. I PERMIT A COPY OF THESE AUTHORIZATIONS AND ASSIGNMENTS TO BE USED IN PLACE OF THE ORIGINAL, WHICH IS ON FILE. This assignment will remain in effect until revoked by me in writing.

6. CONSENT FOR TREATMENT. I hereby consent to treatment by the providers of FABEN Obstetrics & Gynecology LLC. I warrant that I have the capacity and legal authority to provide this consent. This consent includes all appropriate procedures and courses of treatment, the administration of anesthetics and medications that my provider considers appropriate.

III. SUMMARY OF THE FLORIDA PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Florida law requires that we recognize your rights while you are receiving medical care, and also that you respect our right to expect certain behavior from you. Should you require it, you may request a copy of the full text of this law from us. A summary of your rights and responsibilities are as follows:

You, the patient have the right to:

- Be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy
- A prompt and reasonable response to questions and requests
- To know who is providing medical services and who is responsible for your care
- Know what patient support services are available, including whether an interpreter is available if you do not speak English
- Know what rules and regulations apply to your conduct
- Be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis
- Refuse any treatment, except as otherwise provided by law
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for your care
- (if eligible for Medicare) - to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate
- Receive, upon request, prior to treatment, a reasonable estimate of charges for medical care
- A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained
- Impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- Know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research
- Express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served you and to the appropriate state licensing agency

Furthermore, you are responsible for:

- Providing to the health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health
- Reporting unexpected changes in your condition to the health care provider
- Reporting to the health care provider whether you comprehends a contemplated course of action and what is expected of your
- Following the treatment plan recommended by the health care provider
- Keeping appointments and, when you are unable to do so for any reason, for notifying the health care provider or health care facility
- Your actions if you refuse treatment or do not follow the health care provider's instructions
- Assuring that the financial obligations of your health care are fulfilled as promptly as possible
- Following health care facility rules and regulations affecting patient care and conduct

IV. ANNUAL WELLNESS SERVICES

Managed care and insurance benefits identify a certain code to describe services rendered for a "routine annual checkup." We would like to help clarify this coding so as to help our patients understand how benefits are paid.

The Federal Health Care Financing Association standard is as follows**:**

"Preventive medicine evaluation/anticipatory guideline/risk factor reduction intervention and ordering appropriate laboratory procedures. If any abnormalities are encountered or a pre-existing problem is addressed in the process of performing this preventive medicine evaluation and if the problem/abnormality requires additional services, this service should be reported with the appropriate problem-oriented level of service."

If your appointment is for routine annual visit, the physician will perform a complete examination and pap smear. If a problem is discovered or discussed, the physician will address the problem and treat it appropriately. This additional service does not fall into the description of services associated with well care and will require the physician to document this service with an additional problem code and fee.

Our patients have the following options:

1. If you have a problem to discuss, but want to maximize your insurance coverage, you may wish to see the physician for the problem only and return later for your annual well visit.
2. If you choose to see the physician for both your annual examination and discuss a problem, the physician will be happy to comply with your decision. The proper codes and fees for the annual visit will be charged along with the appropriate level of service for the problem focused visit.

We would like you to understand that insurance companies process these charges in a variety of ways. As stated before, the physician is responsible for coding services rendered as described and mandated by HCFA without consideration of individual insurance benefits. Insurers have the flexibility to develop benefit packages and interpret these packages in a variety of ways. We will do our best to ensure that the billing and collections process is seamless.

We would like to point out your responsibility to advise the staff and the physician if you wish to discuss a problem at the time of your well visit

V. POLICY ACKNOWLEDGEMENT

E-prescribing your medications

Our office utilizes the latest technology and we are now able to e-prescribe your medications. Should you need a prescription filled, we can transmit this information directly to your local pharmacist. Please let us know your preferred pharmacist prior to meeting with your Physician. The pharmacy can be anywhere (convenient to your place of work, home, school etc).

If you need a refill, please call your pharmacy. They will contact your MD for approval and your prescription will be filled.

Payments and Charges Policy

FABEN understands how important your time is. We work hard to minimize our patient wait times and to keep our office running on schedule. Please note the following policy:

Patients are now requested to have the following three items with them at each visit:

1. Valid, Government issues, picture identification (or equivalent)
2. Valid Credit Card (valid for one year from date of service) or other form of payment
3. Current Insurance card

Due to the changes in the healthcare industry and the requirements of the various insurance companies, their policies and rules, we must now ask our patients to guarantee payment for their visits. The most practical way to do this is to simply provide use with your credit card. Credit card information is encrypted and stored with our credit card processing company on their secure server, offsite. Credit card details are not available of FABEN staff and can only be identified by the last four numbers. Patients are provided with a courtesy 5 day advance notice of any anticipated credit card transactions, in order that they may call with concerns or questions, prior to the transaction.

Any patient not wishing to provide their credit card may be accommodated by paying in advance by check or cash.

Our priority here at FABEN is to provide quality health care to our patients. We trust you are understanding of our needs and will continue to enjoy being part of our FABEN family.

Any co-pays, out of pocket expenses or current balances must be paid at check in prior to your appointment. If you arrive without any means to pay, we will cancel your appointment and ask you to reschedule.

OFFICE FEES:

- $50 cancellation fee will be applied to your account if you miss your appointment or if you cancel within less than 24hrs of your appointment time.
- $35* minimum NSF fee + bank charges will be applied to your account for checks received that do not clear at your bank. *(depending on face value can be up to 5%)
- $25 late fee for overdue balances on your account
- $300 cancellation fee will be applied to your account if you have a surgery scheduled and do not notify our office of your intent to cancel within 2 weeks of your planned surgery.
- $500 cancellation fee will be applied to your account if you have a surgery scheduled and do not

notify our office of your intent to cancel within 8 days of your planned surgery.
- $30 per incidence to prepare FMLA or Short Term Disability paperwork, payable in advance.
- $1 per sheet ($0.25 per sheet after first 25) to supply copies of your medical records

If you are having lab-work undertaken at FABEN, please carefully review your personal and insurance information and ensure it is correct prior to signing the lab sheet. Should any of the information we provide that you have reviewed and signed be incorrect, FABEN cannot be held responsible for any charges you receive from the third party laboratories we use.

Depending on the type of insurance you have and the particular plan you participate in, there are widely varying co-pay and out of pocket expenses that exist from patient to patient. As a courtesy to all our patients we routinely process charges to your insurance carriers on your behalf but there are no guarantees we will always be paid for the services provided.

Any patient balances will be processed and invoices mailed out to the address we have on file for you within one (1) calendar month. Payment of these balances is expected upon receipt of this statement. Your balance can be paid by check, credit or debit card in the mail or using your credit or debit card by telephoning our offices at (904) 346 0050 option 5. If you are unable to settle your balance, please call our office for assistance in remedying the matter.

If we do not hear from you within one month of your first invoice, we will apply the late fee to your account and send you a reminder statement. During this time period, we will make reasonable attempts to contact you. If we do not receive any payment within these two billing cycles, your last invoice will arrive with a notice explaining our intent to send your account to collections. Typically, you will receive a 10 day grace period at this time and an explanation that we will apply any fees associated with the collection agency to your account. This amount will vary but will often be 33-50% of the account total. Patients who are sent to collections will be discharged from the practice.

Please remember, FABEN provides billing services and assistance as a courtesy to our patients. It is your responsibility as the patient to verify your insurance coverage for all services, especially those provided by third parties (such as labs or screening centers). Our physicians and practitioners treat patients based on their medical recommendations, not on insurance coverage. If you have a special request to maximize your insurance benefits, you must notify us before your appointment and we will attempt to accommodate your request.
Failure to fully understand the benefits provided by your insurance may result in you facing all or part of the cost of the medical care being provided.

Authorization for the release of confidential medical information to be sent to FABEN Obstetrics & Gynecology LLC.

We will ask you to sign a separate release in order for our physicians to obtain any relevant health care information pertinent to your health.

If you would like a copy of the information contained in this book, please ask us for one.

Thank you

FABEN San Marco
836 Prudential Drive #1506
Jacksonville, FL 32207

FABEN Southpoint
4181 Southpoint Drive East #300
Jacksonville, FL 32216

Felicia Fox, M.D.
Ana Hicks, M.D.
Bettina Kohaut, M.D.
Evaleen Caccam, M.D.

Kristin Caldow, M.D.
Jennifer Guram Porter, M.D.
Dawn Mormak, M.D.

By signing below, I, _____, acknowledge I have received, read and understood the following documents:

1. Notice of Privacy Practices
2. Release, Guarantee, Assignment and Consent for Treatment
3. Summary of the Florida Patient's Bill of Rights and Responsibilities
4. Annual Wellness Services
5. Policy Acknowledgement

Following, is my signature given freely on the date below, and I agree to conduct my review of and/or consent to these documents by electronic means.

Patient:_____

Authorization for Release of Confidential Medical Information to send to FABEN Obstetrics & Gynecology.

Please forward copies of requested records to:

FABEN Obstetrics & Gynecology
836 Prudential Drive, Suite 1506
Jacksonville, FL 32207
Phone: (904) 346-0050 Fax: (904) 346-0080

I, ; **(DATE OF BIRTH: / /)**, hereby authorize:

Name of Practice:_____

Address: _____

_____

Phone/Fax: _____

To release the following:

☐ Entire Health Record ☐ Immunization Records Only
☐ Specific Dates of Treatment: From_____to_____
☐ Surgical Records ☐ Alcohol/substance abuse
☐ Other _____

I am requesting that this protected information be released for the following reason:

☐ This request is being made because I am transferring care to another primary care provider or leaving the area.
☐ At the request of the individual.

Permission about Specific Health Information. Only if you choose to share any of the following information, please write your initials on the line:

_____ I specifically give permission to share information in my record about HIV antibody and antigen testing, and HIV/AIDS diagnosis or HIV/AIDS treatment.
_____ I specifically give permission to share information in my record about my genetic information.
_____ I specifically give permission to share information in my record about alcohol or drug treatment.

You are hereby released from liability for furnishing the above mentioned information as authorized. I understand that this consent is revocable upon written notice to the above entity except to the extent that the entity has already taken action in reliance on this authorization.

Any prior authorization for release of records is automatically cancelled when this request is submitted.

THERE MAY BE A SERVICE CHARGE FOR THE COPYING OF RECORDS

Patient:_____Witness:_____