

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996

Dear Medical Staff Member and/or applicant:

As you are aware, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) has created many new regulations relating to patient confidentiality. For this reason, the healthcare community has been preparing for great changes in the way we deal with patient's information. The HIPAA regulations will place new great responsibilities on healthcare providers and insurers.

In summary, HIPAA standards fall into three general categories:

- 1) TRANSACTION AND CODES: Eight mandated transactions standards, including claims payment transactions, to be used to automate and streamline electronic communications between providers and payors.
- 2) PRIVACY: Standards designed to protect personal health information by delineating how that information can be used and/or disclosed.
- 3) SECURITY: Standards that specify the administrative and technical requirements for protecting the way health information is stored and transmitted.

You, as a healthcare provider, have a set of requirements that should be met in order to be HIPAA compliant. You may research, through various channels, on your responsibilities in order to be in compliance.

We, as a facility, must provide documentation that we have advised you of our commitment to be in compliance with HIPAA regulations. As you are aware: you, and your practice, will also be responsible to be in compliance with the HIPAA regulations.

This notice serves to inform you of our facility's plan to be in full compliance with all HIPAA requirements and regulations by the deadline date as established by the U.S. Congress.

Please complete and return this form. You may fax, mail or hand-deliver the form. The failure to complete and sign this form by the stated date may affect your current "Privileges" and/or Medical Staff Status.

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I, (print name): \_\_\_\_\_, hereby acknowledge I have been notified, by Center For Urologic Surgery, LLC, of the Health Insurance Portability and Accountability Act (HIPAA). I am aware of my, and my practices, responsibility to be in compliance with HIPAA's mandates and regulations. I release Center For Urologic Surgery, LLC of any/all liability regarding my, or my practices, HIPAA compliance. I understand that Center For Urologic Surgery, LLC is not responsible for my compliance, as it is my responsibility, to any/all HIPAA regulations.

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Signature

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Date