Rocky Mountain Perinatology

Date _____

Nombre _____
Apellido Primero Segundo

SSN _____ Fecha de nac imiento _____ Edad _____

¿Está embarazada ahora? ☐ Sí ☐ No Fecha de naci imiento_____

Su última regla ☐ Exactame nte El Doctor que se refiere _____
☐ Desconocido

¿Tiene algunas problemas con este embarazo? ☐ Sí ☐ No Si "Sí" por favor explica

_____
_____
_____
_____

## Historia Obstetrica

**Por favor liste los embarazos pasados comienza con el primero:**

| Fecha | Semanas | Tiempo del parto | Peso de nacimiento | Género | Tipo de Nacimiento | Tipo de anestesia | Hospital/Doctor |
|---|---|---|---|---|---|---|---|
| **Por ejemplo:** *2/2/2000* | *37 sem* | *6 horas* | *6lb 3oz* | *hombre* | *natural* | *Epidural* | *Las Vegas/Smith* |
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| Embarazos Total | Nacidos a Tiempo | Prematuros | Abortos Inducidos | Malpartos | Embarazos de Trompas | Gemelos o Mas | Hijos Vividos |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Comentarios _____
_____
_____
_____

Reviewed by _____

Rocky Mountain Perinatology

# SPANISH Repaso de Sistemas/Historia Medica

**Por favor liste medicinas que ha tomado el año pasado o que esta tomando:**

| Medicina que ha tomando | Dosis | fecha ha toma |
|---|---|---|
| | | |
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**Por favor liste alguna alergia conocida:**

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| | | |
|---|---|---|
| ¿Ha usado cualquier drogas de la calle desde que llegando a ser embarazada? | ☐ Sí | ☐ No |
| ¿Si "sí" que tipo? | | |
| Ha tomado bebidas alcohólicas? | ☐ Sí | ☐ No |
| ¿Si "sí" que tipo? | | |
| ¿Fuma Ud? | ☐ Sí | ☐ No |

**¿Tiene Ud o ha tenido Ud cualquier a de las condiciones siguentes?**

| | | | |
|---|---|---|---|
| Fiebre inexplicada | ☐ Sí | ☐ No | ☐ No sé |
| Problemas de visión | ☐ Sí | ☐ No | ☐ No sé |
| La pérdida auditiva | ☐ Sí | ☐ No | ☐ No sé |
| Las infecciónes de oregas (de otra manera que niñez) | ☐ Sí | ☐ No | ☐ No sé |
| Problemas del seno | ☐ Sí | ☐ No | ☐ No sé |
| Las hemorragias nasales repetidas | ☐ Sí | ☐ No | ☐ No sé |
| Dolor de garganta por mucho tiempo | ☐ Sí | ☐ No | ☐ No sé |
| La pulmonía | ☐ Sí | ☐ No | ☐ No sé |
| Asma | ☐ Sí | ☐ No | ☐ No sé |
| Contacto cerco con persona con TB (tisis) | ☐ Sí | ☐ No | ☐ No sé |
| Vacuna de Tuberculosis | ☐ Sí | ☐ No | ☐ No sé |
| Prueba positiva del piel de TB | ☐ Sí | ☐ No | ☐ No sé |
| Tos inexplicado | ☐ Sí | ☐ No | ☐ No sé |
| La falta de aliento inexplicada | ☐ Sí | ☐ No | ☐ No sé |


| | | | |
|---|---|---|---|
| Otras problemas de pulmones | ☐ Sí | ☐ No | ☐ No sé |
| Sopla de corazon | ☐ Sí | ☐ No | ☐ No sé |
| Prolapso mitral de la válvula | ☐ Sí | ☐ No | ☐ No sé |
| Otras problemas de las válvulas de la corazón | ☐ Sí | ☐ No | ☐ No sé |
| Ataque cardíaco | ☐ Sí | ☐ No | ☐ No sé |
| Enfermedad de corazón | ☐ Sí | ☐ No | ☐ No sé |
| Dolores de pecho inexplicados | ☐ Sí | ☐ No | ☐ No sé |
| Desmayando inexplicado | ☐ Sí | ☐ No | ☐ No sé |
| Latido del corazón irregular | ☐ Sí | ☐ No | ☐ No sé |
| Otras problemas de corazón | ☐ Sí | ☐ No | ☐ No sé |
| Alta presión de sangre durante embarazo | ☐ Sí | ☐ No | ☐ No sé |
| Alta presión de sangre, otra | ☐ Sí | ☐ No | ☐ No sé |
| Raynauds' enfermedad o el fenómeno de Raynaud | ☐ Sí | ☐ No | ☐ No sé |
| Riego sanguíneo pobre | ☐ Sí | ☐ No | ☐ No sé |
| el embarazo severo de la náusea y vómitos | ☐ Sí | ☐ No | ☐ No sé |
| Náusea y vómitos severa antes de el embarazo | ☐ Sí | ☐ No | ☐ No sé |
| Problemas de los intestinales, colon irritable o Crohn's enfermedad | ☐ Sí | ☐ No | ☐ No sé |
| Restricciones dietéticas | ☐ Sí | ☐ No | ☐ No sé |
| Diarrea que volviendo a ocurrir | ☐ Sí | ☐ No | ☐ No sé |
| Estreñimiento | ☐ Sí | ☐ No | ☐ No sé |
| Acidez, reflujo | ☐ Sí | ☐ No | ☐ No sé |
| Hepatitis, la ictericia amarilla | ☐ Sí | ☐ No | ☐ No sé |
| Problemas del Higado | ☐ Sí | ☐ No | ☐ No sé |
| Infecciónes de vesícula o riñones | ☐ Sí | ☐ No | ☐ No sé |
| Cálculos renales | ☐ Sí | ☐ No | ☐ No sé |
| Problemas con la micción | ☐ Sí | ☐ No | ☐ No sé |
| Problemas menstrual | ☐ Sí | ☐ No | ☐ No sé |
| Esterilidad, dificultad que queda embarazada | ☐ Sí | ☐ No | ☐ No sé |
| Infecciónes de las partes genitales | ☐ Sí | ☐ No | ☐ No sé |
| Herpes o un socio con herpes | ☐ Sí | ☐ No | ☐ No sé |
| Enfermedades venéreas y genitales | ☐ Sí | ☐ No | ☐ No sé |
| Enfermedad pélvica de inflamación | ☐ Sí | ☐ No | ☐ No sé |
| Gonorrea | ☐ Sí | ☐ No | ☐ No sé |
| Clamidia | ☐ Sí | ☐ No | ☐ No sé |
| Sífilis | ☐ Sí | ☐ No | ☐ No sé |

Rocky Mountain Perinatology

| | | | |
|---|---|---|---|
| Verrugas genitales | ☐ Sí | ☐ No | ☐ No sé |
| VIH. Sida, o su socio teinela | ☐ Sí | ☐ No | ☐ No sé |
| Examen de papaniculau abnormal | ☐ Sí | ☐ No | ☐ No sé |
| Diabetes (se le sube el azúcar) | ☐ Sí | ☐ No | ☐ No sé |
| Problemas de la glándula Tiroides | ☐ Sí | ☐ No | ☐ No sé |
| Otras problemas con hormonas | ☐ Sí | ☐ No | ☐ No sé |
| Epilepsia, el desorden del ataque | ☐ Sí | ☐ No | ☐ No sé |
| Somnolencia inexplicada | ☐ Sí | ☐ No | ☐ No sé |
| Migraña/ Dolores de cabeza del grupo | ☐ Sí | ☐ No | ☐ No sé |
| Dolores de cabeza que volviendo a ocurrir | ☐ Sí | ☐ No | ☐ No sé |
| Depresión | ☐ Sí | ☐ No | ☐ No sé |
| El desorden de ataque de pánico | ☐ Sí | ☐ No | ☐ No sé |
| Problemas de psiquiátrico,mental/emocionales | ☐ Sí | ☐ No | ☐ No sé |
| Problemas de piel | ☐ Sí | ☐ No | ☐ No sé |
| Pérdida de cabello inexplicada | ☐ Sí | ☐ No | ☐ No sé |
| Artritis/los dolores de la coyuntura | ☐ Sí | ☐ No | ☐ No sé |
| Lupus | ☐ Sí | ☐ No | ☐ No sé |
| Fiebre reumática | ☐ Sí | ☐ No | ☐ No sé |
| transfusiones de sangre | ☐ Sí | ☐ No | ☐ No sé |
| Sangrando la tendencia | ☐ Sí | ☐ No | ☐ No sé |
| Coágulos de sangre/thrombophlebitis | ☐ Sí | ☐ No | ☐ No sé |
| Rhesus sensibilizó | ☐ Sí | ☐ No | ☐ No sé |
| ¿Fuma Ud? | ☐ Sí | ☐ No | ☐ No sé |
| Alguna cirigía pasado (si sí, por favor liste bajo) | ☐ Sí | ☐ No | ☐ No sé |
| Cualquier alergias de drogas conocidas | ☐ Sí | ☐ No | ☐ No sé |

| **Año** | **Tipo de Cirugía** | **Tipo de Anestesia** | **Hospital/Ciudad** | **Cirujano** |
|---|---|---|---|---|
| **Por Exemplo:** | | | | |
| *1999* | *Apendectomía* | *General* | *Good Sam/San Jose, CA* | *Lopez* |
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Reviewed By_____

Rocky Mountain Perinatology

## SPANISH Historia Genetica/Familia

**Favor describa su ascendencia: Marque todo que aplica**

☐ blanco ☐ guamanian ☐ carrera medio-oriental ☐ los Laos
☐ africano ☐ francocanadiense ☐ hawaiano ☐ filipino ☐ taiwanés
☐ hispano ☐ indio americano ☐ samoano ☐ japonés ☐ coreano
☐ ashkenazi ☐ griego ☐ chino ☐ asiática Este indio
☐ cajún ☐ italiano ☐ camboyano ☐ vietnamita ☐ desconocido ☐ Otra_____

¿ Es Ud. Y el padre de este bebé parientes consanguineos (por ejemplo: primos)? ☐ Sí ☐ No

¿Cuál es su ocupación? _____

¿Cómo se llama el padre del bebé?_____ ¿Cuantos años tiene el padre del bebé? _____

¿Qué es la ocupación del padre del bebé? _____

**¿Cómo describiría el linaje del padre de este bebé? Favor, marque todas los que correspondan:**

☐ blanco ☐ guamanian ☐ italiano ☐ camboyano ☐ Otro 2 ☐ otro asiatico del sudeste
☐ hispano ☐ Otro ☐ carrera medio-oriental ☐ vietnamita ☐ desconocido _____
☐ africano ☐ francocanadiense ☐ hawaiano ☐ filipino ☐ los Laos
☐ashkenazi judeo ☐indio americano ☐ samoano ☐ japonés ☐ tiawanés
☐ cajún ☐ griego ☐ chino ☐ asiático Este indio ☐ coreano

¿Es el padre del bebé su socio? ☐ Sí ☐ No

**Usted tiene o el padre de este bebe, o cualquier parientes cercano (Incluye a sus padres, abuelos, y hermanos) tiene:**

| | | | | | |
|---|---|---|---|---|---|
| Thalassemia (el Fondo griego, mediterráneo o asiático) | ☐ Sí | ☐ No | Desorden genético heredado | ☐ Sí | ☐ No |
| Defecto neural de tubo (Meningomyelocele, Defecto bífida, y Anencephaly) | ☐ Sí | ☐ No | Desorden maternal de emtabolic (ex: insulina la diabetes dependiente, la tiroides, PKU) | ☐ Sí | ☐ No |
| Defecto congénito de corazón | ☐ Sí | ☐ No | Defecto nacimiento que no ha escribierto antes que hijo de Ud o del padre de este bebé tiene | ☐ Sí | ☐ No |
| Síndrome de Down | ☐ Sí | ☐ No | Pérdida recurrente del embarazo, alumbramiento de un mortinato | ☐ Sí | ☐ No |
| Tay-Sachs (ex: judeo,cajún, francocanadiense) | ☐ Sí | ☐ No | Ceguera o sordera | ☐ Sí | ☐ No |
| Enfermedad de la célula de la hóz | ☐ Sí | ☐ No | Desorden del hueso o esquelético (Elenanismo) | ☐ Sí | ☐ No |
| Hemofilia o los problemas sangrientos | ☐ Sí | ☐ No | El cáncer de mama, los ovarios, o recto | ☐ Sí | ☐ No |
| Distrofia musculara | ☐ Sí | ☐ No | Desorden de riñón | ☐ Sí | ☐ No |
| Fíbrosis cística | ☐ Sí | ☐ No | Diabetes | ☐ Sí | ☐ No |
| Enfermedad de Canavan | ☐ Sí | ☐ No | Coágulos de sangre/infarto cerebral | ☐ Sí | ☐ No |
| Atraso Mental/Autismo | ☐ Sí | ☐ No | Otro_____ | | |
| Huntington Chorea | ☐ Sí | ☐ No | | | |

**Comentarios:**

_____
_____


**Rocky Mountain Perinatology**
**Care Agreement**

***After hours care***:

- Urgent or Emergent care by Rocky Mountain Perinatology is available 24/7 on call.

***Ultrasound***

Ultrasound examination can detect many abnormalities, but some abnormalities are not detectable by ultrasound. You should realize that even with a complete ultrasound exam, we may be unable to find existing fetal abnormalities or those abnormalities that can appear later in the pregnancy or after birth. Findings on an ultrasound exam can be an indicator of potential chromosomal abnormalities but are not definitive. Currently, the only way to assess the baby's chromosomes with certainty is to actually obtain a sample of the baby's cells by amniocentesis, chorionic villus sampling, or fetal blood sampling.

***Colorado Prescription Drug Monitoring Program***

If you receive a prescription for a "controlled" (Schedule II through V) drug, your identifying prescription information will be entered into Colorado's electronic Prescription Drug Monitoring Program (PDMP) database when this drug is dispensed to you and may be accessed for limited purposes by specified individuals. You have a right to access your information in the PDMP through the Colorado Board of Pharmacy. You may seek corrections to the information as you would with your other medical records.

***Privacy Practices:***

I have been offered the opportunity to review, read and understand the RMP Notice of Privacy Practice.
I hereby consent that my health records may be disclosed to necessary parties for the purposes of my treatment, payment and health care services.
I understand I may revoke my consent at any time; however Rocky Mountain Perinatology is not required to accept my request. Revocation form must be completed and returned to RMP to be enforced and in effect the day it is received by RMP.

***Financial Obligations:***

I am obliged to understand, agree, and be financially responsible for services rendered to me by RMP providers.
I agree to pay my balance in full upon receipt of RMP Statement and letter, phone call, or text message requesting such payment.
I understand and agree that balances over 30 days old will incur a service charge and be considered past due.
I authorize the release of any information necessary to process my claims and irrevocably assign all benefits for claims to RMP.

_____ _____

Patient Signature Date



Sticker

**Rocky Mountain Perinatology (RMP)**

**Consent for the Use or Disclosure of Protected Health Information (PHI)**

I understand that as part of my healthcare, RMP originates and maintains health records describing my history, exam, tests results, diagnoses, treatments: past present and future; as well as costs, payments and adjustments by myself and my health plan.

**I, _____, hereby consent to the use, access and disclosure of my PHI for the purposes of:**

- planning my care and treatment, including other professionals and facilities that contribute to my care.
- communicating with other professionals who contribute to my care.
- evaluating care quality and professional competence.
- communicating appointments and/or balances on previously rendered and/or charged services for RMP provider and our agents and assigns.
- supplying diagnostic and procedural information to a third party for the processing of my services and bills related to my service.

I, _____, **hereby consent to the use, access and disclosure of my PHI to:**

☐ Spouse _____ ☐ Parent/Guardian_____

☐ Son/Daughter_____ ☐ Other_____

*By signing below, I understand and give my full consent to be contacted on the landline and/or cell phone number(s) provided to Rocky Mountain Perinatology and their assigns, including: appointments, test results, financial information, billing, and marketing material. This express authorization also applies to any landline or cell phone number(s) that I may acquire in the future. Rocky Mountain Perinatology and their assigns may also contact me by sending text messages or emails, using any e-mail address I may provide. *NOTE: Methods of contact may include using prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable. Providing your phone number(s) is not a condition of receiving services.*

I understand:

- I may request restriction on the uses and disclosures of my **PHI** at any time by completing and signing a restriction request form. I understand that RMP is not required to accept my restriction request.
- I understand I may revoke this consent at any time by signing a revocation form and returning it to the Medical Records Department at RMP. I further understand that any such revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this consent.

My signature below acknowledges that I have read and understand and consent to RMP privacy and disclosure practices.

_____ _____

Signature Date

Rocky Mountain Perinatology

# Notice of Privacy Practices

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

Rocky Mountain Perinatology is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Rocky Mountain Perinatology please contact:

Privacy Officer/Director of Clinical Operations
1107 S. Lemay Avenue, Suite 410
(970) 294-4464

**Effective Date of This Notice: January 2, 2013**

## I. How Rocky Mountain Perinatology may use or disclose your health information

Rocky Mountain Perinatology collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Rocky Mountain Perinatology, but the information in the medical record belongs to you. Rocky Mountain Perinatology protects the privacy of your health information. We ask you to fill out a HIPAA consent, informing us of where you want to receive messages for lab/tests results and financial data. Additionally, you can give consent for your spouse and/or parents to have access to your health information in non-emergent circumstances. **For patients over the age of 15, Rocky Mountain Perinatology cannot discuss information with any other party, including your parent or spouse, without your written consent.** The law permits Rocky Mountain Perinatology to use or disclose your health information for the following purposes:

1. Treatment.
    a. Ordering lab or tests at another facility.
    b. Providing surgical care at another facility.
    c. Providing prenatal and/or postpartum care at another facility.
    d. A means of communication among other healthcare professionals and facilities that contribute care, including pathology and radiology.
    e. A basis for planning care and treatment among other healthcare professionals and facilities that contribute care, including pathology and radiology.
    f. Prescribing or refilling of patient prescriptions and medications.
2. Payment.
    a. A source of information for applying diagnoses and service information to a patient's bill.
    b. Appealing a denial for the purpose of receiving payment for services.
    c. Submission of claims for billing purposes.
3. Regular Health Care Operations.
    a. Intake of personal information so that treatment and payment operations can occur without interruption.
    b. Scheduling of appointments within Rocky Mountain Perinatology facilities and outside facilities where treatment may be coordinated and confirmation of the appointment to the patients listed phone number.
    c. Referral of patient to outside facilities or healthcare professionals.
4. Information provided to you.


5 Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than is specified in our contract.

6. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
7. Required by law. As required by law, we may use and disclose your health information.
8. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
9. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
10. Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
11. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
12. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying of locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
13. Deceased person information. We may disclose your health information to coroners, medical examiners and funeral directors.
14. Organ donation. We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
15. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or the Rocky Mountain Perinatology privacy board.
16. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
17. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
18. Marketing. We may contact you to provide appointment reminders or to give you information about other treatments or health-related benefits and services that may be of interest to you.
19. Change of Ownership. In the event that Rocky Mountain Perinatology is sold or merged with another organization, your health information/record will become the property of the new owner.

**II. When Rocky Mountain Perinatology may not use or disclose your health information**

Except as described in this Notice of Privacy Practices, Rocky Mountain Perinatology will not use or disclose your health information without your written authorization. If you do authorize Rocky Mountain Perinatology to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.


**III. Your Health Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of your health information. Rocky Mountain Perinatology is not required to agree to the restriction that you requested.
2. You have the right to receive your health information by signing the Rocky Mountain Perinatology Authorization to Release Records form. There may be a charge associated with the copying of the records, please contact Medical Records for further details.
3. Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you requested your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
4. Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
5. You have the right to inspect your health information.
6. Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You Also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Nicole Romero, HIPAA Officer. We are not required to agree to your request unless you are asking us to restrict the use and Disclosure of your Protected Health to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
7. Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
8. You have the right to request that Rocky Mountain Perinatology amend your health information that is incorrect or incomplete. Rocky Mountain Perinatology is not required to change your health information and will provide you with information about Rocky Mountain Perinatology denial and how you can appeal the denial.
9. You have the right to receive an accounting of disclosures of your health information made by Rocky Mountain Perinatology. This record is not required to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 5 (directory listings) of section I of this Notice of Privacy Practices.
10. 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 by mail or at work. To request confidential communications, you must fill out our HIPAA Consent for the Use or Discloser of Protected Health Information form
11. You have the right to a paper copy of this Notice of Privacy Practices.

**IV. Changes to this Notice of Privacy Practices**

Rocky Mountain Perinatology reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Rocky Mountain Perinatology is required by law to comply with this Notice.


**V. Complaints**

Complaints about this Notice of Privacy Practices or how Rocky Mountain Perinatology handles your health information should be directed to:

Director of Clinical Operations or Privacy Officer