Women for Women Obstetrics and Gynecology

Receipt of Notice of Privacy Practices
Written Acknowledgement Form

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (abbreviated HIPAA); I have certain right to privacy regarding my protected health information (PHI).
I Understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up among the multiple healthcare providers who may be involved in my treatment directly of indirectly.
- Obtain payment from third party payers
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that I may request in writing, on this sheet, or at any time, that you restrict how my PHI is used or disclosed to carry out treatment, payment or healthcare operations. I also understand that you are not required to agree to my restrictions, but if you do agree then you are bound to abide by such.

HIPAA PRIVACY RESTRICTIONS

Please check the items you **DO NOT WANT ALLOWED**
____Do not call me at home.
____Do not call me at work.
____Do not leave message on cell, home, other ___________ (please circle)

If we must leave a message for you, please check the items that you **WILL ALLOW**
____Leave message on patient cell phone
____Leave message on patient home answering machine
____Leave message only with designated person ________________________________
(Name of designated Person)

Please check the item or items that you are **ALLOWING**:
____ **Medical** information regarding me can be discussed with the following:

____ ________________________
(Name of designated Person) (Phone)

_____ **Billing** information regarding me can be discussed with the following:

____ ________________________
(Name of designated Person) (Phone)

____Check here only if you want correspondence from this office to be sent to an address **other than the address in your chart**, please indicate the designated address below.
____
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____ ____________________
(Signature of Patient) (Date)

PLEASE NOTE THAT IF NOTHING IS CHECKED THERE WILL BE NO RESTRICTIONS ON FILE FOR YOU