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HIPAA Notice of Privacy Practices Written Acknowledgement Form

Our Notice of Privacy Practices (NPP) provides information about how we may use and disclose medical information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may request a revised copy.

I, _____ (Please print patient name) have been provided access to a copy of TotalCare For Women's NPP for review.

This acknowledgement form will be in effect until otherwise revoked by me in writing. I understand that I may ask questions to the Privacy Officer if I do not understand any information contained in the Notice of Privacy Practices.

I hereby consent to the release of any/all information regarding my medical history, current medical condition, current medical treatment and any/all patient account information to the individual(s) listed below:

_____ Name	_____ Relationship
_____ Name	_____ Relationship
_____ Name	_____ Relationship

If you do not wish to have this information shared, please let the provider know.

_____ Patient Signature	_____ Date
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Staff Use Only:

_____ Staff Signature	_____ DATE
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