



About Women By Women, PC
 Obstetrics · Gynecology · Infertility

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Acknowledgement of Receipt of Notice of Privacy Practices

About Women By Women, PC will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. We have prepared a detailed *Notice of Privacy Practices* to help you better understand our policies in regards to your personal health information.

You have the right to review this notice prior to signing this acknowledgement. The terms of the notice may change with time and we will always post the current notice at our facility, on our web site, and have copies available for distribution. You may ask us to restrict the use and disclosure of your personal health information. However, we are not required to agree to such a request, but if we do agree, we are bound by law to the agreed upon restrictions.

Please sign below and return this page only to our front desk.

I acknowledge that I have been given the opportunity to receive, review and ask questions regarding About Women By Women, PC's Notice of Privacy Practices.

Date _____

Name _____ DOB _____

Address: _____

 Your signature or your legal representative

Legal representative's relationship to patient _____

FOR INTERNAL USE ONLY

About Women By Women, PC has made a good faith effort to obtain this patient's acknowledgement but the patient's signature was not obtained for the following reason(s):

 Provider's signature

 Date