



**Women's Health Specialists of Montgomery County PA**

Gynecology-Gynecologic Oncology  
6301 Executive Boulevard  
Rockville, MD 20852  
Phone: (301) 770-4967

**ACKNOWLEDGEMENT OF HIPPA PRIVACY NOTICE**

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

By signing this form, you acknowledge that Women's Health Specialists has provided you access to a copy of its HIPA Privacy Notice, which explains how your health information will be handled in various situations. By law, we are required to have you sign this form on your first date of service with us.

If your first date of service was due to an emergency, we must try to provide you access to this notice and have you sign this form as soon as we can after the emergency.

Please specify by checking the appropriate answer below if we may leave health-related information (e.g., lab/radiology results, billing issues or other doctor-patient communications) with/on:

Home Answering Machine _____	Yes	No
Work Voicemail _____	Yes	No
Cell Phone Voice Mail _____	Yes	No
Personal E-Mail _____ (E-Mail Address) _____	Yes	No
Relative or other person living with you (Name) _____	Yes	No
Only leave message to call office (We will not leave health related info on any voicemail)	Yes	No

**Please note that if the above section is not completed, we will assume that we have your approval to contact you using any one of these methods (initials)**

**The Practice has provided me access to its Privacy notice. I understand I may request a copy for my personal use.  
I acknowledge that I have read, understand and agree to the above.**

\_\_\_\_\_  
Patient's Signature  
Employee's Initials \_\_\_\_\_

\_\_\_\_\_  
Date  
Date \_\_\_\_\_