



Patient Acknowledgement of Receipt of Privacy Notice

The Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations at the Center for Women's Surgery. The Notice of Privacy Practices is also posted in the office of the Center for Women's Surgery at 201 Cedar SE, Suite 505, Albuquerque, New Mexico 87106.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Center for Women's Surgery is not required to agree to the restrictions that I may request. However, if the Center for Women's Surgery agrees to a restriction, the restriction is binding on the Center for Women's Surgery and Dr. Amy Garcia.

If this Notice of Privacy Practices is revised, I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

Printed Name of Patient or Patient Representative

Relationship to Patient

Signature of Patient or Patient Representative

Date

For Office Use Only:

Signed form received by: _____