



Women's Health Alliance

Total Care, Total Trust... For Life

www.womenshealthalliance.com

Acknowledgement of Receipt of Women's Health Alliance's Notice of Health Information Practices

The Health Insurance Portability and Accountability Act (HIPAA) is a federal government regulation designed to ensure that you are aware of your privacy rights and of how your medical information can be used by our staff in providing and arranging your medical care.

Women's Health Alliance is furnishing you with the attached notice, which provides information about how Women's Health Alliance may use and/or disclose protected health information about your treatment, payment, healthcare operations and as otherwise allowed by law. By signing this form, you acknowledge that you have received a copy of Women's Health Alliance's Notice of Health Information Practices.

Patients Name

Signature of Patient/Parent/ or Legal Representative

Date