
Dr.Katherine Boyd - Aquia Ward, RN, WHNP-BC

## Patient Receipt of "Notice of Privacy Practices"

I received a copy of A Woman's View Women's Healthcare "Notice of Privacy Practices," describing A Woman's View Women's Healthcare commitment to privacy, my rights to privacy and how A Woman's View Women's Healthcare may use and disclose protected health information (PHI) about me to carry out treatment continued treatment, payment and health care operations (TPO).

By signing this form, I am acknowledging that A Woman's View Women's Healthcare will use and disclose my protected health information to provide my medical care, receive payment for services provided to me and to conduct its profession.

I have the right to review the "Notice of Privacy Practices" prior to signing this acknowledgment.

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Patient/Legal Guardian Signature Date

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Print Patient Name

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Relationship to Patient