

## ACKNOWLEDGEMENT

Winchester OB-GYN Associates, P.C. is committed to providing you with quality health care and to forming a relationship with you that is built on trust. This means respecting your privacy and the confidentiality of your medical information. We protect your privacy and confidentiality rights by creating and putting into practice policies and procedures that allow access to your personal medical information only for legitimate reasons.

I understand that there is a copy of this policy available and that I may request a copy at any time.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

## PRIVACY RESTRICTIONS

*Check all that apply*

OK to leave  brief or  detailed message on home phone Home #: \_\_\_\_\_

OK to leave  brief or  detailed message on cell phone Cell #: \_\_\_\_\_

OK to leave  brief or  detailed message on work phone Work #: \_\_\_\_\_

Preferred method of contact:  Home  Work  Cell

Speak only to me regarding my medical care

I give permission to speak to another individual regarding my medical care:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_