



Receipt of Notice of Privacy Practices

Written Acknowledgement Form.

I, _____, have received a copy of the Birth and Wellness Center's *Notice of Privacy Practices*.

If we cannot contact you regarding your care, treatment or billing status/information, where may we leave a message? (Please check all that apply):

Home Answering Machine Work Voice Mail Cellular Voice Mail None

Please list name(s) of whom you give us permission to discuss medical status or contact in case of emergency:

Name: _____ Telephone #: _____ Relationship: _____

Name: _____ Telephone #: _____ Relationship: _____

Signature of Client

Date