



Emily Benekos, M.D., FACOG
S. Holmes Mason, M.D., FACOG
David Seals, M.D., FACOG
Anne Shriner, M.D., FACOG
John Weeman, M.D., FACOG

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Wooster Obstetrics and Gynecology Inc
546 Winter Street Ste 100
Wooster OH 44691

I understand that, under the Health Insurance Portability and Accountability act of 1996 (“HIPAA”), I have certain rights to privacy regarding my protected health information. I understand this information can and will be used to:

- 1 Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly
- 2 Obtain payment from third party payers
- 3 Conduct normal health-care operations such as quality assessment and physician certifications.
- 4 Notify me of upcoming appointments

I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice Of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain the current copy of the notice of privacy practices

I understand that I may request in writing that you restrict, how my private information is used or disclosed to carry out treatment, payment or health-care operations. I understand you are not required to agree to my requested restrictions but if you do then you are bound to abide by such restrictions.

Patient Name _____

Relation to Patient (self) _____

Signature _____

Date _____