

HEALTHCARE FOR WOMEN, LLC

NOTIFICATION AND ACKNOWLEDGEMENT OF
NOTICE OF PRIVACY PRACTICES
REGARDING PROTECTED HEALTH INFORMATION

Our Notice of Privacy Practices provides detailed information about how we use and disclose protected health information about you. As a [patient/covered individual] you have a right to a copy of that Notice. You may obtain a copy of the Notice from our office at:

HEALTHCARE FOR WOMEN, LLC
Attention: HIPAA Compliance Officer
2376 North 400 East, Ste. 202
Tooele, Utah 84074

We reserve the right to change the Notice, and if we do, you may obtain a copy of the revised Notice from the same location noted above.

Please acknowledge your receipt of this notification by signing below and returning it to the receptionist. Thank you.

Signature: _____

Date: _____