308 Hospital Drive, Suite 101
Glen Burnie, MD 21061
Phone: 410-595-6353
Fax: 410-595-6661

Bay Women's Health
Acknowledgement of Privacy Practices

I, (print name) _____ with a date of birth of _____ acknowledge that I have received and understand the Notice of Privacy Practices from Bay Women's Health.

Signature: _____ Date: _____

The person(s) listed below may have access to my health information. If you prefer to keep this information private, please check no one below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

_____ NO ONE MAY HAVE ACCESS TO MY PROTECTED HEALTH INFORMATION