

Harmony Women's Health

Deborah A. Metzger, PhD, MD
851 Fremont Ave., Suite 104
Los Altos, CA 94024

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received a copy of Harmony Women's Health Notice of Privacy Practices. I further acknowledge that a copy of the current notice is posted in the reception area and on the web site: www.harmonywomenshealth.com.

- It tells me how Dr. Metzger and Harmony Women's Health will use my health information for the purposes of my treatment, payment for my treatment, and Harmony Women's Health healthcare operations.
- The Notice also explains in more detail how Harmony Women's Health may use and share my health information for other than treatment, payment, and health care operations.
- Harmony Women's Health will also use and share my health information as required/permitted by law.

Patient's complete legal name (please print)

Date of birth: _____

Signature of patient or legally authorized representative

Date

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient