



HIPAA Notification

PRENATAL

Our notice of Privacy Practices provided information about how we use and disclose protected health information about you. You have the right to review our official Notice before signing this consent. As provided in the Official Notice, the terms of the Official Notice may change. If we change the Official Notice in our office, you may obtain a revised copy by request.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by that agreement. By signing this form, you consent to use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

NAME: _____ **DATE:** _____

POST PARTUM

By signing below you are giving consent for us to provide you with a copy of your completed chart. A completed chart includes your Prenatal, Labor / Delivery, Postpartum, New Born Exam, and Women's Wellness information.

NAME: _____ **DATE:** _____