## Carolina Women's Health

Dr. J. Stewart Carr, MD 10931 Raven Ridge Rd #113 Raleigh, NC 27614 (919)235-0097 phone

## Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of Carolina Womens Health. I also authorize Carolina Womens Health, PA to communicate private health information as instructed below:

Print name o	f Patient:	
Signature of	Patient:	
Date:		
Patient's Dat	e of Birth:	
Patient's ID/	Chart #	
For Personal	Representativ	e of the Patient (if applicable):
Print name of Personal Repr	esentative:	
Describe Rela Personal Repr		
Signature of P Representative		
Please indica	te how and wh	ere you wish to have this office contact you:
Home Yes No: Telephone number:  Work Yes No: Telephone number:  Cell Yes No: Telephone number:  FAX Yes No: Telephone number:  Other Yes No: Telephone number:  Please indicate if this office has permission to leave messages at any of the above numbers regarding your treatment or other private health information: (Please circle one: ) YES NO  If no, where would you like for us to contact you with test results, confirmation of appts. and other medical related issues?  Please indicate with whom we may (or may not) communicate regarding your private health information:		
Individual   Communic An emerge Other: (pl	d to obtain written a refused to sign ation barriers prohib ncy situation preven	cknowledgement of receipt of our Notice Of Privacy Practices, but acknowledgement could not be obtained because:  ited obtaining the acknowledgement  ed us from obtaining acknowledgement  Date