Rappahannock
Women's Health Center

1071 Care Way Suite 101
Fredericksburg, VA 22401
540-374-3100 Fax 540-374-3102
rwhcobgyn.com

PRIVACY POLICY

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that the Rappahannock Women's Health Center may use and disclose my protected health information for purposes of treatment, payment, and health care operations. I also acknowledge that I have been offered a copy of the Practice's Notice of Privacy Practices, which provides information about how the Practice and individuals involved in my care in the Practice, may use and disclose my protected health information. As provided in the Notice, I understand that I can contact the Privacy officer at 540-374-3100.

I understand that I have the right to request that the Practice restrict how my protected health information is used or disclosed for treatment, payment and health care operations, but I also understand that the Practice is not required to agree to a requested restriction. However, if the Practice does agree, it is bound by that agreement. I understand that I have the right to revoke this consent in writing at any time, except to the extent that the Practice, or individuals involved in my care in the Practice, have already used or disclosed protected health information in reliance on my prior consent.

_____ _____ _____
Patient or Legal Surrogate Date Relationship to patient

_____ _____
Witness Date