



Acknowledgement of Receipt of HIPAA Privacy Notice

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices for Carolina Women's Physicians, PA.

Release of Billing Information and Assignment of Benefits

I authorize Carolina Women's Physicians to bill my insurance.

I authorize the assignment of benefits from my insurance to Carolina Women's Physicians.

Medication History Authority

I give authorization to Carolina Women's to access my medication history for continuity of care.

Patient Signature

Date