

Woman to Woman Gynecology, PLLC  
Amy M Bruton, MD

**Acknowledgement of Receipt of HIPPA Notice of Privacy Practices**

Printed name of patient \_\_\_\_\_

Patient's representative & relationship \_\_\_\_\_

**Receiving health information**

Please be made fully aware that **a cell phone or a computer is not a secure and private line**. If you choose to communicate with Woman to Woman Gynecology, PLLC (hence forth W2W) or any of their providers or staff by such means you agree to hold harmless W2W and their providers and staff. You further agree to allow the providers and staff of W2W to contact you via cell phone or computer. And you agree to receive confidential detailed messages on your telephone voicemail.

**Cancellation Policy**

We ask for a 48 hour notice and require a 24 hour notice (at least 1 business day) for appointment cancellation. We understand that sometimes you need to cancel or reschedule your appointment and that there are emergencies outside of your control (i.e. Life happens). If you are unable to keep your appointment, please notify us as soon as possible. If this happens after hours leave a message with the answering service, as email, at this time, is not checked frequently.

**Missed Appointment/ No Show Policy (may change without notice)**

1<sup>st</sup> no show/ late cancellation = \$75.00 fee

2<sup>nd</sup> no show/ late cancellation =\$75.00 fee and possible dismissal from the practice.

**Arrival for Appointments**

Please arrive 5 to 10 minutes prior to your appointment time to ensure punctual treatment. Please take the time to print and fill out paperwork from the website and have it with you when you arrive. Our office, in turn, will do our best to minimize your wait time. We do not double book appointments. We strive to take appropriate time with each patient, those who are late or are unprepared may have a shortened appointment so the next patient will not be inconvenienced.

I have read, understand and agree to hold harmless W2W, and abide by the above policies.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only:

I have made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above named patient, but was unable to for the following reason:

- Language Barrier
- Read later and return
- Patient objects
- Patient cannot read
- Unable to sign
- Other \_\_\_\_\_