



FOR WOMEN HEALTH CARE

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Obstetrics & Gynecology

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes **FOR WOMEN HEALTHCARE** to use and disclose health information for treatment, payment, and health care operations purposes.

Notice of Privacy Practices. **FOR WOMEN HEALTHCARE** has a Notice of Privacy Practices and to make the terms of any change effective for all protected health information and how you can access your protected health information. And exercise other rights concerning your protected health information. You may review notice by submitting a written request to our Privacy Officer.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any changes effective for all protected health information that we maintain, including information created or obtained prior to the date of the effect date of the change. You may obtain a revised notice by submitting a written request to our Privacy Officer.

Consent to Treatment. I voluntarily consent to receive medical and health care services provided by **FOR WOMEN HEALTHCARE**, employees and such associates, assistants, and other health care providers. I understand that such services may include diagnostic procedures, examinations, and treatment. I understand photographs, videotapes, digital and/or other images may be made/recorded for treatment and payment purposes only.

I acknowledge that **FOR WOMEN HEALTH CARE** may use health information exchange systems to electronically transmit, receive and/or access my medical information which may include, but is not limited to, Treatments, prescriptions. Please mark if you agree to accept artificial messages by:

Phone Calls Yes No **Text Messages** Yes No **Emails** Yes No

How to contact our Privacy Officer: **FOR WOMEN HEALTHCARE** 2110 W. Michigan Ave.
Midland, TX 79701. Attention Privacy Officer. Telephone: (432) 688-8888. FAX: (432) 789-1433

Acknowledgement and Consent

I have received the Notice of Privacy Practices for **FOR WOMEN HEALTHCARE** physicians. **FOR WOMEN HEALTHCARE** is authorized to use and disclose health information about patient listed below for treatment, payment and health care operations purpose consistent with its Notice of Privacy Practice.

Signature of patient
(or patient's personal representative)

Date

Name of Personal Representative

Relationship to patient (or other authority)