

**BARRINGTON HEALTH CARE FOR WOMEN
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY
BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY.**

I have received the attached Barrington Health Care for Women Notice of Privacy Practices

Signature of Patient

Date

Print Name

Date of Birth of the Patient

Signature of Parent/Legal Guardian

Relationship to Patient

Witness

Date