

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

WOMEN'S CARE MEDICAL GROUP

650-366-5594

I hereby acknowledge that I have received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

WOMEN'S CARE MEDICAL GROUP

All of our physicians are licensed by the Medical Board of California:

Andrew Liu, MD Elaine Chien, MD Tanya Spirtos, MD
Dorothy Shoup, MD Anjali Rao, MD Shefali Gandhi-List, MD
Beverly Joyce, MD Jessica Wong, MD

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California

(800) 633-2322

www.mbc.ca.gov

SIGNED: _____ DATE: _____

Print Name: _____

I hereby authorize Women's Care Medical Group and their agents to leave any message regarding my medical status/condition at the following phone numbers

Updated Phone Number(s)

Date ___/___/___ Initial _____ _____

Date ___/___/___ Initial _____ _____

If not signed by the patient, please indicate:

- Relationship: parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient