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ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Please provide the telephone number(s) where you want to receive calls about your appointments, lab and x-ray results, and other health care information.

Phone number: _____

Phone number: _____

Phone number: _____

Can a confidential message be left on your telephone answering machine?

YES () NO ()

I _____; patient of The Women's Centre For Well Being do hereby consent the following people to receive any healthcare information in my behalf which includes and is not limited to; appointments, lab and x-ray results, and other healthcare information.

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Name _____ Relationship to patient _____

Patient or Responsible party signature _____ Date _____