



GYNECOLOGY
AND
WOMEN'S WELLNESS

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**Acknowledgement of Receipt of
Notice of Privacy Practice**

I have received a paper copy of Women's & Wellness Gynecology Notice of Privacy Practices, which explains how my medical information will be used and disclosed.

Signature of Patient or Personal Representative

Date

Time

Name of Patient or Personal Representative

Description of Personal Representative's Authority

Our patient was handed a paper copy of our Notice of Privacy Practices and a good faith effort to obtain written acknowledgement was made. This effort was declined at this time by the patient.

Employee of Women's Wellness & Gynecology/Dr. Melissa Wampler

Date

Time

The following people may have access to my medical records:

