



Mary A. Stanley, MD, FACS
Breast Surgery

**Acknowledgement of
NOTICE OF PRIVACY PRACTICE**

Mary A. Stanley, MD PC will use and disclose your personal health information to treat you, to receive payment for the care we provide, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed *Notice of Privacy Practice* to help you better understand our policies in regards to your personal health information. The terms of the notice may change with time and we will always post the current notice at our office and have copies available for distribution.

I acknowledge that I have received a copy of the *Notice of Privacy Practice*.

Patient Name: _____

Patient Signature: _____

Today's Date: _____