

I understand that the Cancer Center of Virginia, Carriage Hill Rehabilitation and Nursing Center, Chancellor's Village Corporation, Fredericksburg Ambulatory Surgery Center, Mary Washington Hospice, Mary Washington Hospital, Mary Washington Hospital Home Health, Medical Arts Pharmacy, Medical Imaging of Fredericksburg, MediCorp Home Health, MediDoctors, L.L.C., North Stafford Physical Therapy, and Snowden at Fredericksburg (the "Facilities") may use and disclose my protected health information for purposes of treatment, payment and health care operations. I also acknowledge that I have received, have been offered, or have received in the past a copy of the Notice of Privacy Practices for the Facilities, which provides information about how the Facilities, and individuals involved in my care at the Facilities, may use and disclose my protected health information. As provided in the Notice, the terms of the Notice may change. To obtain a copy of any current Notice, please contact the Privacy Officer at 1-800-442-8762.

I understand that I have the right to request that the Facilities restrict how my protected health information is used or disclosed for treatment, payment or health care operations, but I also understand that the Facilities are not required to agree to a requested restriction. However, if the Facilities do agree, they are bound by that agreement.

Patient or Legal Surrogate

Date



MediCorp Health

System

1001 Sam Perry Boulevard · Fredericksburg, VA 22401

**Acknowledgment Use and Disclosure of
Protected Health Information**

FR-1089-MWH – 3/2003

R05810
R05810

PATIENT IDENTIFICATION
1 1/4" X 3"