Wayland Medical Associates

Richard J. Ruggieri, MD Geoffrey H. Berg, MD Abbey Barkley, MSN, FNP-C

Notice of Privacy Practices

WRITTEN AKNOWLEDGMENT

Effective: 7/1/2015

I acknowledge that I have reviewed the Notice of Privacy Practices which provides a description of information uses and disclosures.

I understand I have the right to request restrictions as to how my health information may be used or disclosed, and that Wayland Medical Associates is not required to agree to the restrictions(s) that I request.

Signature of Patient or Legal Representative Date

Witness Date

160 Wayland Avenue
Providence, RI 02906
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