



# Advanced Menstrual Care Center

Control your period.  
Improve your life!

Last Name

First Name

Initial

DOB

Dear Advanced Menstrual Care Center Patient

Advanced Menstrual Care Center takes your privacy seriously. We have implemented a way to identify you when we call you or you call the office to get lab results or anything that has to do with your Protected Health Information (PHI). When you call the office, we will ask for your password. This will ensure that your PHI is not shared with anyone who might know information such as your birthdate or address.

**Develop a password using the following guidelines:**

1. Use at least 6 alphanumeric characters (includes both letters and numbers).
2. An unusual combination of words with or without numbers is one example of a password.
3. Make your password easy to remember.
4. Your password used for communicating with the office should be different from the password for access to the Patient Portal.

**Patient Password**

**Security Question if Password is forgotten**

**Security Answer**

I understand that this password is not to be shared with anyone so that my identity and protected health information (PHI) can be kept secure by Advanced Menstrual Care Center LLC (AMCC). I also understand that this password will be requested each time I contact the office of AMCC or the office of AMCC contacts me to provide information related to my PHI.

Patient Signature

Date

Thank you,

*Advanced Menstrual Care Center, LLC*