

PANHANDLE OBSTETRICS & GYNECOLOGY

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgement

I, _____, have reviewed a copy of this office's
Notice of Privacy Practices.

Please Print Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of review of Notice of Privacy
Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency situation prevented us from obtaining acknowledgement

_____ Other (Please specify)

My medical information may also be released to:

Name

Relationship

Name

Relationship