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Notice of Privacy Practices-Acknowledgement

We at Associates in Obstetrics an d Gynecology are committed to safe guarding the privacy and confidentiality of your medical record, including the personal information that you share with us. We comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) through our office policies and the administrative and technical procedures that we have in place.

To assist us in protecting your privacy, please complete the following:

Patient Name (please print) _____

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May we speak to someone else regarding your medical care? Y N

Name of person	Relationship
_____	_____
_____	_____
_____	_____

I have been made aware of the privacy policies of Associates in Obstetrics and Gynecology, P.C. and have received (or reviewed or been given the option to receive) a copy of the HIPPA Notice of Privacy Practices.

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