

NORTH POINTE OB/GYN, LLC
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

ACKNOWLEDGEMENT OF RECEIPT

I, _____, hereby acknowledge that North Pointe Ob/Gyn, LLC, has given me the opportunity to read a detailed notice of their Privacy Practices.

Patient /Personal Representative Signature _____

*If patient is a minor (under the age of 18), form must be signed by a parent or legal guardian.

If Personal Representative, please give relationship to patient _____

Date _____

CONSENT TO RELEASE INFORMATION

In the event I cannot be reached, I, _____, give permission for a representative from North Pointe Ob/Gyn, LLC, to speak with family member(s) or companion(s) listed below regarding care or tests results.

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Is it OK to leave results or information on your voicemail? Yes No

Patient /Personal Representative Signature _____

*If patient is a minor (under the age of 18), form must be signed by a parent or legal guardian.

If Personal Representative, please give relationship to patient _____

Date _____