

## PHC LAKE NORMAN OB/GYN Acknowledgement of Receipt

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information. The Policy is available in the waiting room of our office. You may request a copy at anytime. It also provides information about your rights as a patient of our practice and whom you may contact at our office to ask questions about our privacy practices.

By signing this form, you agree you have had the opportunity to read our Notice of Privacy Practices.

We make appointment reminder calls to your primary number. Please be aware if you have Caller ID our office number will be displayed.

I wish to be contacted for results or call backs in the following manner (check all that apply):

- Home phone
- Work phone
- Cell phone

Other persons to which PHC Lake Norman OB/GYN may release information concerning my medical care:

Name/Relationship	Contact Number
Name/Relationship	Contact Number
Name/Relationship	Contact Number
Name/Relationship	Contact Number

Comments/Special Requests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Patient Name (Print)

\_\_\_\_\_  
 Patient Signature

\_\_\_\_\_  
 Date

Office Use Only: Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Chart# \_\_\_\_\_