

PAVILION OB/GYN

RECEIPT OF NOTICE OF OFFICE POLICIES AND PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I, _____, HAVE BEEN OFFERED A COPY OF THE OFFICE'S PRIVACY POLICY. I ALSO HAVE READ, UNDERSTOOD AND AGREE WITH THE OFFICE POLICIES AND PROCEDURES.

Patient Signature

Date

I understand the privacy policies and would like to share my medical information with the person or persons listed below.

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Name _____ Relationship: _____