

DAVINCI Obstetrics & Gynecology

Notice of Privacy Practices Acknowledgement

The Notice of Privacy Practices describes how medical information about you may be used and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices and follow the information practices that are described in this notice. If you have any questions, please contact: Susan McCarthy at **248-543-2229**.

Please do not write comments on this form.

We may change our policies at any time. Any significant policy change will be posted.

You may request a copy of this notice from DaVincii Ob Gyn at 249-543-2229 or access it on our website at www.davinciobgyn.com.

By signing below, I agree that I have received the Notice of Privacy Practices.

SIGNATURE (*Patient or Person Authorized to Give Authorization*)

DATE

If signed by a person other than Patient, check your relationship to the Patient:

- Guardian
- Spouse/Domestic Partner
- Durable Power of Attorney for Healthcare
- Adult Child(ren)
- Parent(s)
- Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

- Parent(s)
- Guardian/Legal Custodian
- Court-authorized person for child in out-of-home placement
- Holder of signed authorization from parent(s)
- Adult representing self to be a relative responsible for the minor's health
- Durable Power of Attorney for Healthcare

FOR OFFICE USE ONLY

We are unable to obtain acknowledgment from patient at this time, but immediate treatment is needed for the following reason(s):

- Emergency Treatment Situation
- Patient Refuses to Sign
- Patient Unable to Sign