

IMC-Mobile Bay Ob/Gyn Center, P.C.
Acknowledgment of Receipt of Notice of Privacy Practices

You acknowledge that you were offered a copy of our Notice of Privacy Practices. If you would like to receive a paper copy at any time in the future you can call (251) 433-1887.

Name: _____
(Please Print)

Signature: _____

Date: _____

Individual was unable to sign due to the following reason:

- Admitted directly to the treatment area
- Left AMA or without being seen
- Unresponsive
- Not competent
- Refused to sign

Signature of facility representative

Date _____