Acknowledgement of Notice of Privacy Practices

I acknowledge that I was offered a copy of Notice of Privacy Practices of Mobile Bay OB-GYN Center.
I also acknowledge that I may receive a copy at any time in the future by calling (251) 435-7900.

Patient Printed Name: _____

Patient Signature: _____ **Date:** _____

If individual did not sign acknowledgement, indicate the reason:

_____ Admitted directly to the treatment area
_____ Left without being seen
_____ Not competent
_____ Refused to sign

Practice Witness: _____ Date: _____

Sharing of Healthcare Information

Please list any person(s) you authorize to speak to us on your behalf concerning your health or financial information.

Name _____ Relationship: _____

Name _____ Relationship: _____

Authorization for Notification of Medical Information

Please provide a telephone number where you would like to receive calls about your appointments, lab results or other healthcare information.

Cell phone: _____

Home phone: _____

Preferred Pharmacy

Pharmacy Name: _____ Phone number: _____

Patient Signature: _____ **Date:** _____MBOB
June 2023