



WOMEN PARTNERS  
IN OB/GYN

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

THE UNDERSIGNED ACKNOWLEDGES THAT A COPY OF THE CURRENTLY EFFECTIVE NOTICE OF PRIVACY PRACTICES FOR WOMEN PARTNERS IN OB/GYN WAS MADE AVAILABLE. (A copy of this signed, dated document shall be effective as the original.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legal Representative

\_\_\_\_\_  
Description of Authority

\_\_\_\_\_  
Date

PLEASE LIST OTHER PARTIES WITH WHOM WOMEN PARTNERS CAN DISCUSS YOUR HEALTH AND FINANCIAL INFORMATION. (This includes step parents, grandparents and any caretakers who can have access to this patient's records):

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship



Women Partners in OB/GYN was unable to obtain acknowledgement because (circle one):

Emergency

Patient Sedated

Patient Non-Responsive

Patient Confused/Disoriented

Patient Refused – Reason \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date