



**NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT**

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information

Should the need arise, I authorize Mill Creek/OBGYN to share with the following people (Spouse, family member, friend) information about my medical condition (including treatment, payment and health care operations):

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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In case of an Emergency and if all other person listed above are not available. Mill Creek OB/GYN may contact:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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I would like any correspondence and/or patient balance statements sent to:

Home Address  
 Other Address: \_\_\_\_\_

I would like to receive calls about my appointments, lab and x-ray results, or other health care information at:

Home Number  
 Other Number: \_\_\_\_\_

\* I am fully aware that a cell phone is not a secure and private line.

Can confidential messages (appointment reminders) be left on your telephone answering machine or voicemail?

Yes  No

By my signature below, I acknowledge receipt of the Notice of Privacy Practices and give my permission regarding a confidential voice message as stated above.

I also hereby authorize my insurance benefits to be paid directly to Mill Creek OB/GYN, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers for payment of claims. I also authorize the release of information I request to be sent to insurance companies or employers (including disability forms).

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship