



Patient Account # _____ Date _____

Patient's Name _____ Date of Birth _____
Last First Middle

1. May we leave an appointment reminder on your: home answering machine or voice mail, Email, or cell phone voice mail? YES NO
Please remember there may be a \$40.00 missed appointment fee.
2. May we leave a confidential message on your: home answering machine or voice mail, Email, or cell phone voice mail?.... YES NO
3. May we call your place of employment? YES NO At which telephone number? _____
4. May we leave a confidential message at your place of employment at the above telephone number?..... YES NO

5. Please list the name and telephone number of a family member or other person, who we may inform about your general medical condition, diagnosis, and/or appointment information:

6. Please list the name and telephone number of a family member or other person, we can contact in case of an emergency:

7. Please list the name and telephone number of a family member or other person, if any, who may be authorized to discuss your billing statement:

8. I have read or have been offered a copy of the Dedicated to Women OB-GYN Privacy Notice..... YES NO

SIGNATURE OF PATIENT REQUIRED

DATE

PLEASE NOTIFY DEDICATED TO WOMEN OB-GYN, IN WRITING, AS SOON AS POSSIBLE, IF ANY OF THE ABOVE INFORMATION CHANGES.

FOR OFFICE USE

Give reason for not obtaining Acknowledgement or for not providing a Notice of Privacy to the patient.

Signature of Employee

Date