



Patient Account # _____ Date _____

Patient's Name _____
Last First Middle

- 1. May we leave an appointment reminder on your home answering machine, Email, or 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, Email, or voice mail?..... YES NO
- 3. May we call your place of employment?..... YES NO
- 4. May we leave a confidential message at your place of employment?..... YES NO
- 5. I have received or have been offered a copy of the Dedicated to Women Privacy Notice..... YES NO
- 6. 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:

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

- 8. 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:

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*