

TriState OBGYN
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E-mail: contact@tristateobgynmd.com

NOTICE OF PRIVACY PRACTICES ATTESTATION FORM

	Yes	No
Please read and initial your response to the following:		
• You may call me at my home or cellular number to discuss appointments and/or care	_____	_____/_____
• You may call me at my work to confirm or discuss appointments and/or care	_____	_____/_____
• You may leave a voice message at my home or cellular number	_____	_____/_____
• You may leave a voice message at my work	_____	_____/_____
• You may leave a message with a family or household member at my home regarding my appointments and/or care	_____	_____/_____

I want to give TriState OB/Gyn the authorization to disclose protected personal information about my appointments and/or care with the individual named below:

I acknowledge that I have read and agree to the Provider Notice of Privacy Practices for TriState OB/Gyn.

Signature

Date

Print Name