



Robert Robins, M.D., William Jewell, M.D., Paul Corsi, M.D., Patricia Kondratenko, D.O., Lisa Helmick, D.O.

### Privacy & Disclosure Acknowledgement

**ACKNOWLEDGEMENT OF RECEIPT:**

By signing below, I acknowledge that I received or was offered a copy of the Notice of Privacy Practices for Associated Obstetrics & Gynecology, P.C.

Patient Signature/Patient Representative: \_\_\_\_\_

Patient Name/Patient Representative's Name (print): \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT TO DISCLOSE PROTECTED HEALTH INFORMATION:**

I authorize Associated Obstetrics & Gynecology, P.C., to disclose any and all of my protected health information to individual(s) listed below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient Signature/Patient Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name/Patient Representative's Name (print): \_\_\_\_\_

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**For Office Use Only**

- Patient refused to sign
- Patient declined a copy of the Privacy Notice

Staff Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_