



PREMIER

OBSTETRICS & GYNECOLOGY

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Acknowledgement of Privacy Practices

According to the Health Insurance Portability and Accountability Act of 1996 (HIPAA,) patients have certain rights to privacy regarding their protected health information. Your protected health information will be used to:

- Conduct, plan, and direct treatment by the physicians employed by Premier Obstetrics & Gynecology will be shared in cooperation with healthcare providers who are involved in your care directly or indirectly.
- To obtain payment from third party payers.
- To conduct normal healthcare operations such as quality assessments and physician certifications.

By signing below, you agree that you have either received or waived your right to receive the Notice of Privacy Practices, containing a complete description of the uses and disclosures of protected health information. You understand that this organization has the right to change its Notice of Privacy Practices at any time. You also understand that you may request from this organization a current copy of the Notice of Privacy practices.

I understand that I may revoke this consent in writing at any time, except to the extent that Premier Obstetrics & Gynecology has previously released relying on this consent.

Print Patient Name: _____

Do we have permission to:

1. Leave a message at your home regarding appointments and/or treatments?..... Yes No
2. Leave a message at your place of employment regarding appointments/treatments?..... Yes No
3. Leave a name and call back number at your home and place of employment?..... Yes No
4. Mail test results and appointment information to your home address currently on file? Yes No
5. Email at filed email address regarding appointments and treatments?..... Yes No
6. Discuss your personal information, including appointments and treatments with someone other than yourself? Yes No

Name	Relationship	Contact Number

Patient Signature: _____ Date: _____