

EMERALD OBSTETRICS AND GYNECOLOGY, LLC

PATIENT ACKNOWLEDGEMENT FORM

NOTICE OF PRIVACY PRACTICES

Patient Name: _____ DOB: _____

Date: _____

_____ I have received a copy of Emerald Obstetrics and Gynecology, LLC *Notice of Privacy Practices*.

_____ I was offered a copy of Emerald Obstetrics and Gynecology, LLC *Notice of Privacy Practices*, but declined it.

Patient Signature: _____

_____ A good faith effort was made to provide a copy of Emerald Obstetrics and Gynecology, LLC *Notice of Privacy Practices* to this patient and to obtain her acknowledgement of the same.

Patient _____ accepted _____ declined the Notice and refused to sign this acknowledgement.

Emerald Obstetrics and Gynecology, LLC
representative: _____

Associate's Signature: _____ Date: _____