



19991 Hall Road, Suite 105
Macomb, MI 48044

Phone: 586-247-8609
Fax: 586-247-8615
e-Fax: 586-247-8613

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned patient or legally authorized representative (“Agent”) of the patient, acknowledges that he or she has been offered Partridge Creek Obstetrics & Gynecology, P.C.’s Notice of Privacy Policies on the date indicated below

Print name of patient

Relationship to patient (if signed by agent)

Signature

Date

PERMISSION TO GIVE MEDICAL INFORMATION

I, _____, hereby authorize the physicians and staff of Partridge Creek Obstetrics & Gynecology, P.C. to give information concerning my health and well being to the following:

- 1- _____
Name Relationship Phone #
- 2- _____
Name Relationship Phone #
- 3- _____
Name Relationship Phone #

_____ I DO NOT authorize the release of my medical information to anyone

Confidential messages may be left at the following:

(such as appointment reminders, laboratory results, or medication information)

Home Voicemail 1 Yes 1 No Cellular Voicemail 1 Yes 1 No Work Voicemail 1 Yes 1 No
Text Message 1 Yes 1 No E-Mail 1 Yes 1 No

In the event that I have questions, I have been given the name of the Privacy Officer, whose information is listed below, and who will be able to answer my questions:

Privacy Officer

19991 Hall Road, Suite 105
Macomb, MI 48044

Phone: 586-247-8609

You as a patient have the right to:

- 1- Inspect and copy your medical information that may be used to make decisions about your care
- 2- Request an amendment to you medical record if you feel they are incorrect or incomplete. The physician may deny my request and notify me of the reason for his/her denial.
- 3- Request an accounting of disclosures. This is a list of disclosure for other then treatment, payment, or health care operations.
- 4- Request a restriction or limitation on the medical information used or disclosed about me for treatment, payment, or health care operations. All requests must be made in writing. However, the physician has the right to deny the restriction. If she/he does agree to the restriction, the office will comply with your request unless the information is needed to provide you with emergency care.
