

**THE WOMEN'S GROUP OF GWINNETT, P.C.  
RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have been informed that a copy of **THE WOMEN'S GROUP OF GWINNETT, P.C.** Notice of Privacy Practices is posted on their web site and in the office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

It is our policy not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail or cell phone. However, we will confirm appointments by telephone. Whenever returning phone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

**I authorize The Women's Group of Gwinnett to contact me at the following places:**

Home telephone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell phone/voice mail	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work telephone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Answering machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell phone number	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please list names of people with whom we may discuss your medical care:

Spouse Name \_\_\_\_\_ Yes  No

Parent Name \_\_\_\_\_ Yes  No

Other Name \_\_\_\_\_ Yes  No

Please list names of people with whom we may discuss your financial information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date