

Better Women's Care, P.L.L.C.

Obstetrics and Gynecology

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Southfield, MI 48034

Phone: (248) 948-6900 Fax: (248) 948-6904

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received the Privacy notice.

PATIENT NAME (Printed):	DATE:
PATIENT OR PERSONAL REPRESENTATIVE SIGNATURE:	
IF PERSONAL REPRESENTATIVE'S SIGNATURE APPEARS ABOVE, PLEASE DESCRIBE PERSONAL REPRESENTATIVE'S RELATIONSHIP TO THE PATIENT:	

Patient Name: _____ Date: _____

The patient presented for his/her procedure on this date and was provided with a copy of the TCC's Privacy Notice. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice. However, an acknowledgement was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because:

- There was a medical emergency (the office will attempt to obtain acknowledgement at the next available opportunity)
- Other reason, describe below:

Signature of Employee completing form

Date