

# Gynecology Specialists

A Division of Mid-Atlantic Women's Care, PLC

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## Privacy Notice Acknowledgement

This is to acknowledge that I have been given the opportunity to read and review the "Notice of Privacy Practices" of Gynecology Specialists, PLC.

I also acknowledge that upon request I will be provided with a copy of the Notice of Privacy Practices. (Always available on our web site).

Patient's Signature **X** \_\_\_\_\_

## Waiver for No Referral

I understand that if I am required to have a referral or authorization for any services rendered at this office and I do not have one, I will be responsible to pay for the services rendered. Gynecology Specialists will not facilitate obtaining a referral on your behalf. This waiver begins today and does not expire.

Patient's Signature **X** \_\_\_\_\_

## Personal Health Information Release (PHI)

\_\_\_\_ I want NO ONE to receive my personal health information except myself

\_\_\_\_ I request the following person(s) BE ALLOWED access to my PHI:

Name \_\_\_\_\_

Name \_\_\_\_\_

Patient's Signature **X** \_\_\_\_\_

Date \_\_\_\_\_