

West Augusta Obstetrics & Gynecology, P.C.
1126 Medical Center Drive
Augusta, GA 30909
706-863-5082
706-863-4082

Acknowledgement of Notice of Privacy Policies

I understand that as part of my healthcare, West Augusta OB/GYN, P.C. originates and maintains records describing my health history, symptoms, examination and test results, diagnoses, treatment and my plans for future care and treatment.

You may review our **Notice of Privacy Policies** that describes in detail how information about you may be used within this medical practice and may be accessed by yourself or by others you authorize at westaugustaobgyn.com. I further understand that I have the following rights:

- To review the **Notice of Privacy Policies** before receiving health services.
- To object to the use of my health information for directory purposes.
- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations.

I also understand that as a part of this organization's treatment, payment, or healthcare operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses including disclosures via fax and secure email.

I wish to allow the following person/persons to have access to my health information.

Name: _____ Relationship to Patient _____

Name: _____ Relationship to Patient _____

Once you have received and read this acknowledgement, please sign and date it and return it to a receptionist at the front desk.

I acknowledge receipt of a **Notice of Privacy Policies** for West Augusta OB/GYN, P.C.

Signature

Date