



GYN Specialists of Reno
experience special care

Acknowledgement of Receipt of Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 requires that health care providers give patients a copy of the office Notice of Privacy Practices and make a good faith effort to obtain an acknowledgement of receipt of said Practices. *You may refuse to sign this form.*

Family & Friends Release of Information

List family and friends, *if any*, whom we may inform about your general medical condition and your diagnosis

Name	Relationship	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do not want my medical condition discussed with any family or friends

By signing this I confirm that I have received a Notice of Privacy Practices and recognize that Gyn Specialists of Reno can release my medical information to the individuals designated above:

Print Name: _____

Sign Name: _____

Date: _____

Written Acknowledgement was Not Obtained:

- Patient Refused to sign
 - Emergency Situation
 - Unable to communicate with patient
 - Other _____
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