Scott M. Gulinson, MD, PC
Board Certified Women's Health Care Services
Fellow, American College of OB/GYN Physicians
OBSTERICS, GYNECOLOGY, INFERTILITY and
ULTRASONOGRAPHY

5310 W. Thunderbird Road
Suite 308
Glendale, Arizona 85306

Office: 623-412-2229
Fax: 602-314-5843

I acknowledge that I have received a copy of the office's Notice of Privacy Practices.

_____ _____

Patient or legally authorized individual signature Date

_____ _____

Printed name if signed on behalf of patient Relationship (parent, guardian)

Office use only when acknowledgement cannot be obtained from the patient

Patient Name: _____

Date of Patient Encounter: _____

The patient presented to the office and was provided a copy of the office's Notice of Privacy Practices. A good faith afford was made to obtain from the patient or patients representative, if applicable, a written acknowledgement of his/her receipt of this notice. However, such acknowledgement was not obtained because:

_____Patient refused to sign.

_____Patient representative refused to sign.

_____Patient was unable to sign or initial because:_____

_____Patient had a medical emergency and an attempt to obtain the acknowledgement will be made at the next available appointment.

_____Other reason: _____

_____ _____

Signature of Employee completing form Date