

# PATIENCE MILLER OB-GYN, PLLC

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## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, have been notified that  
(Patient name)

Patience Miller Ob-Gyn, PLLC is in compliance with HIPAA privacy rule. The HIPPA Privacy Rule mandates the protection and privacy of all health information.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date



Patience Miller Ob-Gyn, PLLC was unable to obtain acknowledgement because:

- Emergency
- Patient Sedated
- Patient Non-Responsive
- Patient Confused/Disoriented
- Patient Refused – Reason \_\_\_\_\_
- Other

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_