

Desert Jewel Obstetrics and Gynecology

3501 N Scottsdale Road, Suite 230

Scottsdale, AZ 85251

480-970-1937- Tel

480-970-1938- Fax

Acknowledgement of Privacy Practices and instructions for release of personal health information

Patient Name: _____

Date of Birth: _____ Phone #: _____

Social Security # _____

I acknowledge that I have received a copy of the Desert Jewel Notice of Privacy Practices.

I give permission to Desert Jewel to release and discuss my personal health information to/with:

- 1: _____
- 2: _____
- 3: _____

I give permission to Desert Jewel to communicate messages regarding appointments as follows:

You may leave a message on my answering machine.

You may leave a message with

- 1: _____
- 2: _____
- 3: _____

I give permission to Desert Jewel to communicate messages regarding referrals to another physician as follows:

You may leave a message on my answering machine.

You may leave a message with

- 1: _____
- 2: _____
- 3: _____

I give permission to Desert Jewel to communicate messages regarding lab results and ultrasound results as follows:

You may leave a message on my answering machine.

You may leave a message with

- 1: _____
- 2: _____
- 3: _____

Other instructions for release of personal health information: _____

In case of an emergency please contact: _____

Signature of Patient or Legal Guardian

Date