NORTHEAST
OB/GYN Associates
A Division of Consultants in Women's Health

HIPAA Notice of Privacy Practices Acknowledgment and Questionnaire

May we leave messages, including appointment reminders, on your voicemail or answering machine? Yes / No

May we mail you an appointment reminder postcard? Yes / No

Please indicate if we may send a text message as an appointment reminder? Yes / No

Northeast OB/GYN uses an electronic medical record system, which includes the ability to obtain a 2 year medication history from SureScripts (a pharmacy clearinghouse) for our active patients. This will allow your physician to check drug to drug interactions for any new prescriptions prescribed. This authorization is effective for 3 years.

I authorize, Northeast OB/GYN to obtain and download my medication history from SureScripts (pharmacy clearing house).
Yes / No

Acknowledgement of Practice's *Notice of Privacy Practices*:
By signing my name below, I acknowledge that I was provided a copy of the Notice of Privacy Practices (NPP), and that I have read (or had the opportunity to read if I so chose) and understand the Notice of Privacy Practices (NPP) and agree to its terms. By signing this form, I also freely consent to the use and disclosure of protected health information about me for the purposes of treatment, payment and health care operations. I have the right to revoke this consent, in writing, except where disclosures have already made in reliance on my prior consent.

_____ _____
Patient Signature Date

If you are signing this on behalf of patient, please complete below:

Patient Relationship:_____

Reason Patient Cannot Sign:_____

Please list below those who we may inform about your general medical condition, diagnosis, treatment, and billing:

(1) Name:_____ Phone Number:_____

(2) Name:_____ Phone Number:_____

To view and/or obtain the HIPAA Privacy Policy visit www.ne-obgyn.com/pr_forms.html