



WOMEN'S HEALTH
ALLIANCE of MOBILE

Acknowledgement of Notice of Privacy Practices

I acknowledge that I was offered a copy of the Notice of Privacy Practices of Women's Health Alliance of Mobile. I also acknowledge that I may receive a copy at any time in the future by calling 251-435-7700.

Patient's Printed Name: _____

Patient's Signature: _____ Date: _____

If individual did not sign acknowledgement, indicate the reason:

- Not competent
- Refused to sign

Practice Witness: _____ Date: _____

Sharing of Health Care Information

If there is anyone else that you would like to be able to discuss your medical information, please list their name and relationship below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Authorization for Notification of Medical Information

Please list a telephone number where you would like to receive calls about your appointments, lab or x-ray results, or other health care information (_____) _____ - _____

I understand that Women's Health Alliance of Mobile or its agents may use prerecorded/artificial voice messages and/or auto dialing devices to remind me about appointments or notify me of other information and I expressly consent to WHAM or its agents use of any number associated with my account including any wireless number(s). I also authorize WHAM or its agents to contact me at any number associated with my account, including wireless numbers, including contact by means of prerecorded/artificial voice messages and/or automatic dialing devices, for the purposes of collecting on my account. I also authorize WHAM to communicate with me using any email address I provide to them.

Patient's Signature: _____ Date: _____

Preferred Pharmacy

Pharmacy Name: _____ Phone Number: _____