



# Dr. Crable Ob/Gyn P.A.

*Exceptional Care for Exceptional Women*

8160 Walnut Hill Lane Ste. LL-001, Dallas, Texas 75231

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In our efforts to comply with the Health Information Privacy Act (HIPAA) we need to be certain that we guard your privacy according to your wishes when it comes to your family, friends and co-workers.

Please circle your choice response to the following questions

- |  |     |    |
|--|-----|----|
| May we leave messages on a voice mail at work?         | Yes | No |
| May we leave messages on an answering machine at home? | Yes | No |
| May we leave message on a cell phone?                  | Yes | No |

I agree to allow Dr. Crable OB/GYN P.A. to disclose my Health Information (including date/time of appointments) to:

\_\_\_\_\_ Spouse \_\_\_\_\_

\_\_\_\_\_ Other Member(s) of my Family \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

You must inform us in writing of any changes in your directive. This record takes effect September 1<sup>st</sup>, 2012 and will be kept in your file along with your acknowledgement of receipt of our Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

## Receipt of Notice of Privacy Practices Written Acknowledgement Form

I \_\_\_\_\_ have been allowed to review/and have been offered a copy of Dr. Crable OB/Gyn P.A. Privacy Practices.

I \_\_\_\_\_ have received a copy of Dr. Crable OB/Gyn P. A. Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date