



RIVERWALK OB/GYN, P.L.L.C.  
www.riverwalk-obgyn.com

Acknowledgment Form

I understand that as part of my healthcare, RIVERWALK OB-GYN, P.L.L.C. originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- *A basis for planning my care and treatment*
- *A means of communication among the many health professionals who contribute to my care*
- *A source of information for applying my diagnosis and surgical information to my bill*
- *A means by which a third-party payer can verify that services billed were actually provided*
- *And a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals*

I understand and have been provided with a Notice of Privacy Practices that provides a more complete description of protected health information uses and disclosures. I understand that I have the right to review the Notice of Privacy Practices prior to signing the acknowledgement. I understand that RIVERWALK OB-GYN, P.L.L.C. reserves the right to change its practices and to make new provisions effective for all protected health information maintained by RIVERWALK OB-GYN, P.L.L.C.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date Signed by Patient or Legal Representative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

RIVERWALK OB-GYN, P.L.L.C. was unable to obtain acknowledgement/consent because:

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

**April 14, 2003**

Effective Date of the Notice of Privacy Practices