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## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT

Privacy Officer: Cindy Flynn | office manager | [cflynn@baobgyn.com](mailto:cflynn@baobgyn.com)

The undersigned understands that Bay Area Obstetrics and Gynecology, PA, is required by law to maintain privacy of protected health information and has provided the patient (or patient's representative) with a notice of its privacy practices regarding health information (detailed notice posted on our website above).

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Patient signature: \_\_\_\_\_

Patient's representative (if applicable): \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Please list below the person(s) we can release your health information to. Please note: in an emergency or other situation outlined in our Notice of Privacy Practices, we may share information with others who are not specifically listed on this form.

\_\_\_\_\_  
\_\_\_\_\_

What is the best phone number for us to contact you?: \_\_\_\_\_

Do you consent to automated phone calls from our practice?  yes  no

Do you consent to automated text messages from our practice?  yes  no

From time to time, we will leave a message for you with information about your medical conditions, results and/or medications being prescribed (as stated in our Notice of Privacy practices) on an answering machine, voicemail, or with another individual in your absence. Is it ok to leave a detailed message on the above phone number?  yes  no

For Bay Area OBGYN office use only:

An attempt was made to obtain a written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained due to:

Refused to sign  Communication barriers  An emergency situation  Other (please specify): \_\_\_\_\_