



2905 Jordan Ct, Suite G, Alpharetta, GA 30005 P: (678)335-9223 F: (678)335-9236

Communication Consent

In compliance with federal law, it is the policy of Alpha OB/GYN to NOT release confidential, personal, and/or unauthorized information by home telephone, answering machine where the recorded message does not identify the name or number called. Information will not be left with an unauthorized person who may answer your telephone.

I authorize Alpha OB/GYN to leave medical information pertaining to my care by the following methods and will assume responsibility to notify Alpha OB/GYN whenever this information changes.

Please list authorized numbers:

Home Telephone	_____
Answering Machine	_____
Work Telephone	_____
VoiceMail	_____
Cellular Telephone	_____
E-Mail Address	_____

I authorize Alpha OB/GYN to leave medical information pertaining to my care to the following person/persons and will assume responsibility to notify Alpha OB/GYN whenever this information changes.

Please list authorized names and numbers:

Spouse/Significant Other	_____
Parent	_____
Brother/Sister	_____
Son/Daughter	_____
Friend	_____

PRIVACY PRACTICE ACKNOWLEDGEMENT

I have received a copy of Alpha OB/GYN's Notice of Privacy Practices.

X _____ Date: _____

Patient Signature/ Date of Birth

X _____ Date: _____

Guardian Signature (if patient is under 18)