JACK W. TUBBS, JR., M.D.

ASSOCIATES IN OBSTETRICS & GYNECOLOGY

DIANE LINK, RNC, NP
LASTENIA RYAN, MSN, WHNP-BC

Notice of Privacy Practices-Acknowledgement

We at Associates in Obstetrics and Gynecology are committed to safeguarding the privacy and confidentiality of your medical record, including the personal information that you share with us. We comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA) through our office policies and the administrative and technical procedures that we have in place.

To assist us in protecting your privacy, please complete the following:

Patient Name (please print) _____

Date of Birth: ____/____/____

Home Phone: _____
May we leave a voice mail message for you here? Yes No

Cell Phone: _____
May we leave a voice mail message for you here? Yes No
May we send text messages for you here? Yes No

Work Phone: _____
May we leave a voice mail message for you here? Yes No

Email:_____ Yes No
May we email messages for you here?

May we speak to someone else regarding your medical care? Yes No

Name of person	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have been made aware of the privacy policies of Associates in Obstetrics and Gynecology, P.C. and have received (or reviewed or been given the option to receive) a copy of the HIPPA Notice of Privacy Practices.

Signed: _____ Date: ____/____/____

8580 SCARBOROUGH DRIVE, SUITE 100 COLORADO SPRINGS, CO 80920 PHONE: (719) 596-3344 ~ FAX: (719) 632-6118