



**1) ACKNOWLEDGMENT OF OUR NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I have received or have been given the opportunity to receive a copy of Doran Clinic For Women's Notice of Privacy Practices. By signing below I am only giving acknowledgment that I have received or have had the opportunity to receive the Notice of our Privacy Practices.

**X**

Name of Patient/Guardian (Type/Print) Signature of Patient/Guardian Date

**2) AUTHORIZED METHODS OF COMMUNICATION (will be used only if marked)**

<input type="checkbox"/> Detailed phone messages on my <u>HOME</u> answering machine. # _____	<input type="checkbox"/> Detailed phone messages on my <u>CELL</u> phone. # _____
<input type="checkbox"/> Detailed phone messages on my <u>WORK</u> voice mail. # _____	<input type="checkbox"/> Detailed messages on my <u>EMAIL</u> . _____

**3) AUTHORIZATION TO DISCLOSE PHI (Protected Health Information)**

I authorize Doran Clinic For Women to speak to the following designated individuals regarding my health information as deemed necessary:

Spouse: \_\_\_\_\_  **NO AUTHORIZATION**  
Relative/Friend: \_\_\_\_\_  
Other: \_\_\_\_\_

**Expiration Date of Authorization fo Disclosure of PHI**

This authorization is effective (check one): through  \_\_\_/\_\_\_/\_\_\_ or  **NO Expiration** unless revoked or terminated by the patient or the patient's personal representative.

**X**

Name of Patient/Guardian (Type/Print) Signature of Patient/Guardian Date

**4) FINANCIAL POLICY**

I have read and understand the Doran Clinic For Women financial policy. I agree to assign insurance benefits to Doran Clinic For Women whenever applicable. I also agree I will be responsible for fees not covered by insurance.

**X**

Name of Patient/Guardian (Type/Print) Signature of Patient/Guardian Date

Doran Clinic For Women complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-515-239-6970.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-515-239-6970。