

**Babies Etc OB/GYN, P.C.**  
235 Portal Lane Suite A  
Madison, AL 35758  
Office: (256) 461-1766 Fax: (256) 461-1768  
*Jacqueline Sylvester, MD*

**Acknowledgement of Receipt of Notice of Privacy Practices**  
(To be filed in patient's medical chart)

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship (if not signed by patient): \_\_\_\_\_

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**Office Use Only**

If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to patient and sign below.

Presented on (Date and time): \_\_\_\_\_

By (Name and Title): \_\_\_\_\_