3600 Gaston Ave Ste 601 Dallas, TX 75246-1806 (214) 377-1699

Erin K. Newman, MD Casey E. Roth, MD Lindsey Jackson, MD

Patient Initials	
_____	**RECEIPT OF NOTICE OF PRIVACY PRACTICES** WRITTEN ACKNOWLEDGEMENT FORM I, _____ acknowledge confirmation and receipt of the office privacy practices for the office of Magnolia Obstetrics and Gynecology, PLLC.
_____	**PRIVACY CONSENT** I authorize the Office of Magnolia OB/GYN to release the following information to: _____ Please include your full name and relationship. (i.e. Joe Smith- spouse, or Jane Smith- mother) _____ Medical Information Only (including but not limited to all test results, office/clinical notes, medications, & correspondence) _____ Financial Information Only _____ All Medical and Financial Information
_____	**TEST RESULTS** Do you want your results by phone call? YES or NO If YES, what number can we leave a detailed voicemail with your results on? (#)_____ If NO, we will mail a letter to the address on file in our system. Please make sure you have given us your current mailing address before you are seen by the physician.
_____	I also understand that it is my responsibility to update the office with any changes in personal, medical, financial, or contact information.

By signing below, I confirm I have read, understand, and have given correct information to the best of my ability.

_____ _____

PATIENT NAME PRINTED DATE

SIGNATURE OF PATIENT_____