

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Mississippi Coast OB/GYN, Gregory W. Horn, M.D., and William F. Moore, M.D. reserve the right to modify the privacy practices outlined in the notice.

SIGNATURE

I have received a copy of the Notice of Privacy practices for Mississippi Coast OB/GYN, Gregory W. Horn, M.D., and William F. Moore, M.D.

Print name of patient

Signature of patient

Date

Signature of patient representative
(required if the patient is a minor or an adult who is unable to sign this form)

Relation of patient representative