

# Downriver Obstetrics & Gynecology, P.L.C.

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## Privacy Notice & Acknowledgement

### Acknowledgement:

I acknowledge that I have received the attached Notice of Privacy Practices.

\_\_\_\_\_  
Patient or Personal Representative  
Signature

\_\_\_\_\_  
Date

If the Personal Representative's signature appears above, please describe the Personal Representative's relationship to the patient:

### Documentation of Failure to Obtain Signed Acknowledgement:

Downriver Obstetrics and Gynecology presented this Acknowledgment of Receipt of Notice of Privacy Practices Form to \_\_\_\_\_. The patient refused to provide a signature when requested.

\_\_\_\_\_  
Office Staff Name & Date