

MEDINA OB/GYN ASSOCIATES, INC.

JANUARY 1, 2008

ACKNOWLEDGEMENT

I _____, acknowledge that I have received a copy of the Notice of Privacy Practice provided by Medina OB/GYN Associates, Inc.

I, _____, authorize Medina OB/GYN Assoc. Inc. to discuss my health information with the following persons:

Spouse: _____

Children: _____

Parent: _____

Other: _____

DATE: _____

PATIENT SIGNATURE: _____