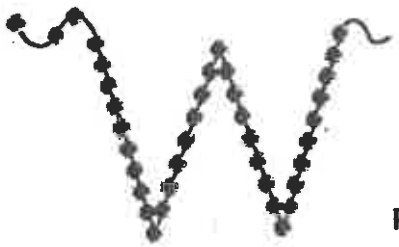

WOMEN'S HEALTH ALLIANCE of MOBILE
1720 Springhill Avenue • Suite 400
Mobile, Alabama 36604

Phone: (251) 435-7700 • Fax: (251) 435-7702

• Acknowledgement of Notice of Privacy Practices

I acknowledge that I was offered a copy of the NOTICE OF PRIVACY PRACTICES of Women's Health Alliance of Mobile. I also acknowledge that I may receive a copy at any time in the future by calling 251-435-7700

Patient's Printed Name: _____

Patient's Signature: _____ Date: _____

If individual did not sign acknowledgement, indicate the reason:___Refused to sign ___Unable to sign

Practice Witness: _____Date: _____

• Sharing of Health Care Information

Other than yourself, do you authorize our office to discuss your health information with another family member, spouse or friend? **Choose one: _____YES _____NO**
If YES, please list names below for our record.

Name: _____Relationship: _____Phone number: _____
Name: _____Relationship: _____Phone number: _____
Name: _____Relationship: _____Phone number: _____

• Emergency Contact Information

Name: _____ Relationship: _____Phone Number: _____

• Authorization for Notification of Medical Information

Please list a telephone number where you would like to receive calls about your appointments, results or other health care information (____) _____-_____ (your contact number)

I understand and consent to Women's Health Alliance of Mobile or its agents using prerecorded/ artificial voice messages and/or auto dialing devices to remind me about appointments, notifying me of other information and for the purposes of collecting any dept associated with my account. I authorize WHAM to contact me at any number associated with my account including wireless numbers.
I also authorize WHAM to communicate with me using any email address I provide to them.

Patient Signature: _____Date: _____
Updated May 2025 (WHAM)

Theodore Catranis, M.D. M.C. Johnston, M.D. Brittney Laughlin, D.O. Susan Vance, M.D.