

PATIENT ACKNOWLEDGEMENT FORM

NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Date: _____

I have received a copy of Southwestern OB/GYN's Notice of Privacy Practices.

I was offered a copy of Southwestern OB/GYN's Notice of Privacy Practices, but declined it.

Patient Signature: _____

A good faith effort was made to provide a copy of Southwestern OB/GYN's Notice of Privacy Practices to this patient and to obtain her acknowledgement of the same. Patient ___ ACCEPTED ___ DECLINED the Notice and refused to sign this acknowledgment.

Southwestern OB/GYN representative: _____

Signature: _____ Date: _____