

**Acknowledgement of Receipt:
Notice of Privacy Practices**

THE
WOMAN'S
HEALTH
PAVILION



I have reviewed the Woman's Health Pavilion Notice of Privacy Practices, which details how my health information may be used and disclosed as permitted under federal and state law, and outlines my rights regarding my health information.

Patient Name: _____

Signed: _____

Date: _____

Relationship (if not patient): _____

For staff use only:

If patient/patient's representative refuses to sign acknowledgement, please document and date time notice was presented to patient and sign below.

Presented on (date and time) _____

By (name and title) _____