

LADIES FIRST HEALTH CARE, P.C.

Notice of Privacy Practices Acknowledgement of Receipt

By signing below, I acknowledge that I have received or been offered the
Notice of Privacy Practices from Ladies First Health Care, P.C.

Patient Signature

Date

Witness Signature

Date

FOR OFFICE USE ONLY:

Documentation of failure to obtain signed acknowledgment

On _____, this Acknowledgement of Receipt of Notice of Privacy
Date

Practices was presented to _____ . The
Patient Name

patient refused to provide a signature when requested.