

**ACKNOWLEDGEMENT OR REVIEW OF
NOTICE OF PRIVACY PRACTICE**

I have reviewed Southwestern Women's Options Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Patient Name (print)

Date of Birth

Patient Signature

Date

Parent or Legal Guardian Signature

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of the receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- () Individual refused to sign.
- () Communication barriers prohibited obtaining the acknowledgement.
- () An emergency situation prevented us from obtaining acknowledgement.
- () Other (please specify):

