

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND POLICIES AND PROCEDURE HANDOUT**

I, _____, hereby acknowledge that I have received a copy of the
Notice of Privacy Practices and Policies and Procedures Handout of ASSOCIATES IN
WOMENS HEALTH, L.L.C.

Signature of Patient

Date

Signature of Personal Representative (if applicable)

Date

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FOR OFFICE USE ONLY

Acknowledgement refused by patient on _____.

Witnessed by _____.