



Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices for Evans Gynecology.

Printed Name or Patient: _____

Signature: _____

Authority to Sign if not Patient: _____

Date: _____

For Office Use Only:

The patient was provided a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt. An acknowledgement signature was not obtained because:

Signature of Office Representative: _____

Date: _____

