



The Women's Wellness Center

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Acknowledgement of Receipt of Notice of Privacy Practices

You may refuse to sign this acknowledgement

I, _____, have received the Notice of Privacy Practices from this medical office.

Signature: _____

Date: _____

----- FOR OFFICE USE ONLY -----

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

- Individual refused to sign
- Communication barriers prevented us from obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other: _____