

**Women First Specialists S.C**

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**NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT FORM**

**I hereby acknowledge that I have read the Notice of Privacy Practices**

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**OFFICE USE ONLY**

**Unable to obtain patient's written acknowledgement because:**

- Patient refused to sign**
- Patient is incapacitated and no responsible party is available prior to discharge**
- Other** \_\_\_\_\_

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