

CENTER FOR WOMEN'S HEALTH

NOTICE OF PRIVACY PRACTICES---HIPAA

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996

<p style="text-align: center;">RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM</p>

I, _____, have received a copy of Center for Women's Health's Notice of Privacy Practices.

Signature of Patient

Date

Witness

Date

CENTER FOR WOMEN'S HEALTH

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