

Lovitt Gynecology & Women's Health

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge receiving and reading a complete copy
(Patient's Name)

of the Notice of Privacy Practices from Lovitt Gynecology & Women's Health.

I further acknowledge that, as of today's date, I have no questions regarding the Notice of Privacy Practices.

Signature of Patient

Date

Printed name of Patient

Signature of Staff