

Notice of Privacy Practices Acknowledgement Form



Patient Name: _____ Date of Birth: ____/____/____

- I have received a copy of Avina Women's Care's Notice of Privacy Practices.
- I was offered a copy of Avina Women's Care's Notice of Privacy Practices, but declined it.

Patient Signature: _____ Date: _____
(Parent/Guardian Signature, if applicable)

For Office Use Only:

An effort was made to provide a copy of Avina Women's Care's Notice of Privacy Practices to this patient and to obtain her acknowledgment of the same.

The patient:

- Accepted
- Declined the Notice and refused to sign this acknowledgment.

Avina Women's Care Representative Name: _____

Avina Women's Care Representative Signature: _____ Date: _____