



## **Patient Acknowledgment Form: Notice of Privacy Practice**

Patient Name \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- I have received a copy of Crosswoods Women's Health Notice of Privacy Practice
- I was offered a copy of Crosswoods Women's Health Notice of Privacy Practice but declined it
- ACCEPTED
- DECLINED (the notice and refused to sign this acknowledgement)

Patient Signature: \_\_\_\_\_

### **Office Use**

- A good faith effort was made to provide a copy of Crosswoods Women's Health Notice of Privacy Practice to this patient and to obtain her acknowledgement of the same

CWH Staff \_\_\_\_\_