

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
ACKNOWLEDGEMENT FORM**

I hereby acknowledge that on \_\_\_\_\_ I received the Notice of Privacy Practices of Northwest OB/GYN which sets forth the ways in which my personal health information may be used or disclosed by Northwest OB/GYN and outlines my rights with respect to such information.

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Patient's Signature \_\_\_\_\_

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Date \_\_\_\_\_

\_\_\_\_\_ I do have an answering machine and it is OK to leave a message on it.