

**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.

Patient's Signature _____

Date _____

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