



THE  
WOMAN'S  
GROUP

*Obstetrics, Gynecology, Infertility & Menopause*  
EXCELLENCE IN WOMEN'S HEALTHCARE

**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of The Woman's Group  
(Patient Name)  
Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date