



WRITTEN ACKNOWLEDGEMENT FORM  
FOR NOTICE OF PRIVACY PRACTICES

I, \_\_\_\_\_ understand that at any time I can request a copy of Athens Healthcare for Women, P.C. Notice of Privacy Practices.

\_\_\_\_\_ I decline a copy of the Notice of Privacy Practices for Athens Healthcare for Women.

\_\_\_\_\_ I would like to request a copy of the Notice of Privacy Practices for Athens Healthcare for Women.

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

Date: \_\_\_\_\_