



**Acknowledgement of Receipt
Notice of Privacy Practices**

I, _____, acknowledge and agree that I have been offered a copy of Anchorage Women’s Clinic’s *Privacy Practices*.

Signature

Date

Patient Legal Representative Signature *(if applicable)*

Date

Print name of Legal Representative

Date

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but were unable due to:

