

Women for Women

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Acknowledgement of Receipt of Notice of Privacy Practices

Privacy Officer: Amy Gibson (309)888-9900

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed _____ Date _____

Print Name _____ Telephone _____

If not signed by the patient please indicate relationship _____

Name of Patient _____