ALLIANCE FOR WOMEN'S HEALTH, INC. PRIVACY PRACTICES ACKNOWLEDGEMENT

I HAVE REVIEWED THE NOTICE OF PRIVACY PRACTICES BY Alliance for Women's Health, Inc. AND I AM AWARE 1 MAY OBTAIN A COPY UPON REQUEST.

PATIENT'S	111111111111111111111111111111111111111			
DATE OF B	IRTH			
SIGNATURE OF PATIENT			DATE	
PATIENT RECORD OF D.				
their protecte	IIPAA privacy rule give d health information (P. or that a communicatio	s individuals the right to reque HI). The individual is also pro n of PHI is made by alternativual's office instead of the indi-	est a restriction on uses and ovided the right to request content of means, such as sending co	onfidential
NUMBERS, C REGISTRATI YOU MAY AL	ONTACTS AND ENON FORM. PLEAS	IAY CONTACT ME BY A MAIL ADDRESS COMPI E NOTE ANY RESTRIC	ETED ON PATIENT FIONS OR PREFEREN	NCES:
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08/05/2011 REVISED