



Dr. DeLeon's Women's Health Care

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I, _____ acknowledge and agree that I have received a copy of **Dr. DeLeon's Women's Health Care Clinic**, Notice of Privacy Practices.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print Name of Legal Representative

Relationship to patient

**Dr. DeLeon's Women's Healthcare Clinic
Reconocimiento de Revisa de Noticia de Practicas Privadas**

Yo he revisado la Noticia de Practicas Privadas de su oficina que me explica como podrá ser usada y divulgada mi información médica. Yo entiendo mis derechos al recibir una copia de este documento.

Firma del Paciente o Representante Personal

Fecha

For Clinic Use Only:

Dr. DeLeon's Women's Health Care Clinic made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipts of the Notice of Privacy Practices.

