

ELIZABETHTOWN PHYSICIANS FOR WOMEN, P.S.C.

HIPAA PRIVACY NOTICE

ACKNOWLEDGEMENT OF RECEIPT

*Notice may be reviewed in the office or at www.ETOWNOBGYN.COM

This is to acknowledge my receipt of the HIPAA Privacy Notice delivered to me by Elizabethtown Physicians For Women, P.S.C.

Date

Patient Name (Please Print)

Social Security Number

Signature of individual or personal representative

Personal Representative, if applicable (Please Print)