

*Patient Notice of Our Privacy Practices*  
***Acknowledgement Form***

I have received a copy of the “Patient Notice of Privacy Practices” from  
Renaissance Women’s Healthcare Partners.

<i>Please Print</i>	
Patient Name _____	D.O.B. _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event this Acknowledgement form is being executed by a personal representative,  
guardian, or parent, please print your name and relationship to the patient.

\_\_\_\_\_

For Office Use Only	Initial
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