



## Written Acknowledgement of Receipt of Notice of Privacy Practices

We are required by law to maintain the privacy of, and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our Practice Manager in person or by phone at 704.510.1600.

I, \_\_\_\_\_  
have received a copy of **Brandon Gynecology Associates, PA's** Notice of Privacy Practices.

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