

Nacogdoches Women's Center

OBSTETRICS, GYNECOLOGY & INFERTILITY

**NACOGDOCHES WOMEN'S CENTER
4710 N.E. STALLINGS DR.
NACOGDOCHES, TX 75965**

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document upon request.

I understand that this office will attempt to contact me on any study ordered, and if I have not been notified of the result within 21 days, it is my responsibility to contact the office.

Signature of Patient/Personal Representative

Date