

## Privacy Notice Acknowledgement

This is to acknowledge that I have been given the opportunity to read and review the "Notice of Privacy Practices" of Gynecology Specialists, PLC.

I also acknowledge that upon request I will be provided with a copy of the Notice of Privacy Practices.

Patient's Signature \_\_\_\_\_

Patient's Name \_\_\_\_\_  
(Printed)

Date \_\_\_\_\_