ALAMO WOMEN'S HEALTH, PLLC

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I		. have rev	iewed a copy	of Alamo Wom	en's Health	PLLC's
	Patient Name				on s arcuitin,	I LLC 3
Notice	e of Privacy Practice's.					
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de Ala	mo Women's Health, Pl	LLC.				
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	Other					
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Date

Staff Signature