

**ALAMO WOMEN'S HEALTH, PLLC**

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

I \_\_\_\_\_, have reviewed a copy of Alamo Women's Health, PLLC's  
Patient Name

Notice of Privacy Practice's.

Yo \_\_\_\_\_ he revisado una copia del Aviso de las Practicas de Privicida  
Nombre de paciente  
de Alamo Women's Health, PLLC.

\_\_\_\_\_  
Patient Signature / Firma de paciente

\_\_\_\_\_  
Date / Fecha

\_\_\_\_\_  
Witness / Testigo

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Alamo Women's Health, PLLC was unable to obtain acknowledgment because:

\_\_\_ Emergency

\_\_\_ Patient Non- Responsive

\_\_\_ Patient Sedated

\_\_\_ Patient Confused / Disoriented

\_\_\_ Patient Refused – Reason \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date