

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

I, \_\_\_\_\_, have received a copy of the LGH WomanHealth  
"Notice of Privacy Practices."

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

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**RECEIPT OF "OFFICE POLICIES"  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of the LGH WomanHealth "Office  
Policies."

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date