

Premier Women's Care
920 Medical Plaza Dr., Suite 530
The Woodlands, TX 77380
Phone: 281 825 4900

Acknowledgement Form for the Receipt of Notice of Privacy Practices

I, (name) _____,

have been informed of the Notice of Privacy Practices of *Premier Women's Care* posted in the reception area. I understand that I can obtain a copy of this notice upon request.

Signature of Patient/
Parent/ Guardian _____

Date: _____