



201 Cedar St. SE, Suite 304  
Albuquerque, NM 87106

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

The undersigned patient or legally authorized representative (“Agent”) of the patient acknowledges that he or she personally has been offered/received a copy of the Southwest Women’s Oncology Notice of Privacy Practices on the date indicated below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_  
(Please print)

Information about Personal Representative (attach appropriate documentation):

Agent: \_\_\_\_\_

Title: \_\_\_\_\_