



5700 Harper Drive NE, Suite 410
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**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: _____