



Southwest Gynecologic Oncology Associates, Inc.
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 Gynecologic Oncology Associates, Inc. Notice of Privacy Practices on the date indicated below.

Signature: _____ Date: _____

Patient: _____
(Please print)

Information about Personal Representative (attach appropriate documentation):

Agent: _____

Title: _____