

Lufkin Women's Center

OBSTETRICS, GYNECOLOGY & INFERTILITY

**LUFKIN WOMEN'S CENTER
102 WESTSIDE MEDICAL BLVD.
LUFKIN, TX 75904**

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

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document upon request.

I understand that this office will attempt to contact me on any study ordered, and if I have not been notified of the result within 21 days, it is my responsibility to contact the office.

Signature of Patient/Personal Representative

Date