

**RECEIPT OF NOTICE
OF PRIVACY PRACTICES**

I have received a copy of SARPY COUNTY OB/GYN, PC'S notice of Privacy Practices, which are effective April 14, 2003.

DATE _____

PRINT NAME _____

SIGNATURE _____

NOTE: If signed by someone other than the patient, we need written proof of your authority.

For Office Use: A signature was not obtained because:

