



CENTRAL CAROLINA OB|GYN
A DIVISION OF PIEDMONT HEALTHCARE FOR WOMEN

PIEDMONT HEALTHCARE FOR WOMEN, P.A.
CENTRAL CAROLINA OBSTETRICS AND GYNECOLOGY

Receipt of Notice of Written Acknowledgement Form

I _____, have been offered a copy of PIEDMONT HEALTHCARE FOR WOMEN, CENTRAL CAROLINA OB/GYN division's Notice of Privacy Practices, Patient Consent for use and Disclosure of Protected Health Information, and Financial Policies.

I understand and agree to abide by all policies.

Signature of Patient

Date