
Alamo Women's Clinic of Albuquerque

10151 Montgomery Blvd NE

Albuquerque, NM 87111

**ACKNOWLEDGEMENT OR REVIEW OF
NOTICE OF PRIVACY PRACTICE**

I have reviewed Alamo Women's Clinic of Albuquerque 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.

Patient Name (print)

Date of Birth

Patient Signature

Date

Parent or Legal Guardian Signature

Date**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgement of the receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- () Individual refused to sign.
- () Communication barriers prohibited obtaining the acknowledgement.
- () An emergency situation prevented us from obtaining acknowledgement.
- () Other (please specify):
