



## PRIVACY POLICY NOTIFICATION

It is my understanding that Centro Prenatal De Georgia has a Patient Privacy and Policy which is available for me at any time. They have made me aware of my rights as a patient and made a copy of their policies available for me.

\_\_\_\_\_ I am aware of the Patient Privacy Policy and wish to receive a copy.

\_\_\_\_\_ I am aware of the Patient Privacy Policy and do not wish to receive a copy.

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**SIGNATURE**

**DATE**