

Harmony Healthcare for Women, LLC
Martin E. Kanoff, DO

PATIENT _____

ACKNOWLEDGMENT

I have read the **Notice of Privacy Practices and Notice of Office Policies** or have had them explained to me. I understand these Notices and have had the chance to ask questions about any matters I don't understand.

Signature

Date

This Notice goes into effect 4/1/06

For Staff Use Only

The following good faith efforts were made to obtain acknowledgment:

However, acknowledgment was not obtained because:

Signature _____

Date ____/____/____