

SOUTH ARKANSAS WOMEN'S CLINIC

706 West Grove St

El Dorado, AR 71730

J Gregory Booker, MD

John B Ratchiff, MD

Donya B Watson, MD

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, _____ have received, or a copy has been made available to me, of
South Arkansas Women's Clinic Notice of Privacy Practices.

Date: _____/_____/_____

Date of Birth: _____/_____/_____

Signature of Patient: _____