



O B G Y N / L O S A N G E L E S

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**ACKNOWLEDGEMENT OF RECEIPT OF  
FINANCIAL POLICY and NOTICE OF PRIVACY PRACTICES**

Your signature below will acknowledge that you have received copies of both the Women to Women ObGyn Financial Policy and Notice of Privacy Practices.

If you have questions, you may call us at (323) 452-9655.

We appreciate your cooperation on this very important matter.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_