

E. DANIEL BIGGERSTAFF, III, M.D.

ADVANCED HEALTHCARE FOR WOMEN
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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I have read this provider's **Notice of Privacy Practices**, detailing how my information may be used and disclosed as permitted under federal and State law. I understand the contents of the Notice, and I request the following restriction(s) concerning my personal medical information:

SIGNATURE

DATE

RELATIONSHIP TO PATIENT