

# Atlanta Obstetrics and Gynecology Associates

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**PHYSICIANS:**

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## Receipt of Notice of Privacy Practices

**CERTIFIED NURSE MIDWIFE:**

Judith Cox, CNM

## Written Acknowledgement Form

**CERTIFIED NURSE**

**PRACTITIONERS:**

Ginna McFarling, RNCNP  
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Susan Whitlock, RNCNP

I, \_\_\_\_\_, acknowledge that I have read a copy of the Notice of Privacy Practices of Atlanta Obstetrics & Gynecology Associates, a division of Women's Healthcare Specialist, LLC.

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Signature of Patient

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Date