



Nandita Mainthia, M.D.

F.A.C.O.G

Hitendra Hansalia, M.D.

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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have reviewed a copy of the Notice of Privacy Practices for the office of Cobb Women's Health, P.A. and understand I may request a copy to have for my records if so desired.

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Printed Name of Patient

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Signature of Patient

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Date