



## RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the GIVF Fertility Notice of Privacy Practices (“NPP”).

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

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

—  
Date of Birth: \_\_\_\_\_

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

***If applicable:***

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

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

Date of Birth: \_\_\_\_\_

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