

**Center for Pediatric Adolescent Gynecology**  
Lawrence Amesse, MD, PA

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received a copy of Lawrence Amesse, MD PA Notice of Privacy Practices and I have been provided the opportunity to review it.

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

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

Patient