

E. DANIEL BIGGERSTAFF, III, M.D.

ADVANCED HEALTHCARE FOR WOMEN  
Experience. Expertise. Excellence.

**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**