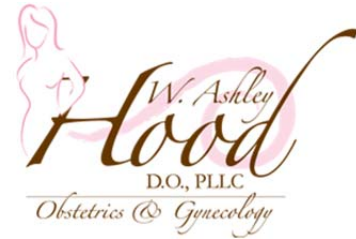


# Patient Notice Receipt

W. Ashley Hood, D.O., PLLC  
Obstetrics & Gynecology  
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1020 Rivers Oaks Drive, Suite 430  
Jackson, MS 39232



Phone: (601) 932-3130

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I, \_\_\_\_\_, do hereby acknowledge receipt of William Ashley Hood, D.O.  
Patient Name

PLLC's Patient Privacy Notice on \_\_\_\_\_.  
Date

\_\_\_\_\_  
Patient Signature