

**LOUDOUN MEDICAL GROUP
D.B.A. LOUDOUN COMMUNITY MIDWIVES
RECEIPT OF NOTICE OF PRIVACY PRACTICES AGREEMENT**

I, _____, acknowledge receiving on
(print patient name)

_____, a copy of Loudoun Medical Group's Notice of Privacy Practices.
(print date)

(patient signature or initials)

Notice:

Loudoun Community Midwives are Certified Nurse Midwives. We are licensed in Virginia as Nurse Practitioners in the Certified Nurse-Midwife category. The physician who supervises our prescriptive authority is:

Virginia Hackenberg, M.D.,
19465 Deerfield Ave. Suite 205
Lansdowne, VA 20176
703-858-2811

Without your permission we can not speak to anyone about your visits or medical conditions. Please list the names of people that you Allow us to speak with (such as spouses, parents or family members)

1. _____
2. _____
3. _____
4. _____

