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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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I, \_\_\_\_\_, HAVE RECEIVED A COPY OF  
PRINT  
THIS OFFICE'S NOTICE OF PRIVACY PRACTICES.

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PLEASE PRINT PATIENT'S NAME *(IF DIFFERENT FROM ABOVE)*

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PATIENT'S SIGNATURE *(PARENT/GUARDIAN SIGNATURE IF PATIENT IS A MINOR)*

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DATE