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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

