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ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

The notice of Privacy Practices provides information about how we may use and disclose protected information about you.

We will provide a copy of our privacy practices and additional copies are available upon request.

I acknowledge that I have received the Notice of Privacy Practices.

Signature of Patient or Patient Representative

Date

Print Name

Relationship to patient

- Notice of Privacy Practices – Patient unable to sign
- Notice of Privacy Practices Given – Patient declined to sign

Witness

Date