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## Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received a copy of this medical **Notice of Privacy Practices**. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I will be offered a copy of any amended **Notice of Privacy Practices** at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

*If not signed by the patient, please indicate relationship:*

- Parent of guardian of minor patient**
- Guardian of conservator of an incompetent patient**

Name of Patient: \_\_\_\_\_

Address of Patient: \_\_\_\_\_

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