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Acknowledgement of Receipt of Notice of Privacy Practices

This is to acknowledge my receipt of this facility's Notice of privacy Practices.

Patient Name

Name and relationship of Personal Representative (if applicable)

Date of birth

Patient's signature

Personal Representative Signature

Date

If mailing to individual:

Date mailed _____

Address mailed to: _____

If emailing to individual:

Date emailed: _____

Email address: _____