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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature

DOCUMENTATION OF ATTEMPT TO OBTAIN WRITEN ACKNOWLEDGMENT OF THE DELIVERY OF NOTICE OF PRIVACY PRACTICES

I attempted to obtain an acknowledgment of the receipt of the Notice of Privacy Practices for

_____ but was unable to do so because _____

Date

Employee signature