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## **Notice and Acknowledgment**

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I acknowledge that I have received a brochure providing the following information and have been given the opportunity to read and ask questions to assure that I understand their contents. I understand that by signing this form, I consent to the provisions of my patient rights, patient responsibilities and the sharing of information as indicated by the Notice Of Privacy Practices.

- ✓ **Notice of HIPAA Privacy Practices**
  - ✓ **Patient Responsibilities**
    - ✓ **Patient Rights Regarding Health Information**

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Printed Name of Patient/guardian

Date

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Signature of Patient/guardian

Date