

## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE**

**As required by the Privacy Regulations, I hereby acknowledgement that I have received a current copy of this patient's "NOTICE OF PRIVACY PRACTICES".**

**As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.**

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**Signature**

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**Date**

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**Print Name**