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ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I have received a copy of the Privacy Practices Notice.
{Print Patient Name}

Signature: _____ Date: _____

ACKNOWLEDGEMENT REFUSED

On this date, the undersigned patient refused or failed to acknowledge receipt of the Privacy Practices Notice

Date: _____

Patient Name: _____

Reason for refusal/failure: _____

Signature of Provider Employee: _____