NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

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provide current Notice of Privacy Practices on request. Signature: Relationship: Date: Date: or office use only. vas unable to obtain the patients signature. ste Name	I understand that, under The Health Insurance Portability Accourregards to my protected health information (PHI). I have received	ntability of 1996, I have certain rights to privacy in , read and understood The Notice of Privacy Practices.
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