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## **Notice and Acknowledgement**

**Acknowledgement:**

**I acknowledge that I have received the attached Notice of Privacy Practices.**

\_\_\_\_\_  
**Print Patient or Personal Representative  
Name**

\_\_\_\_\_  
**Patient or Personal Representative  
Signature**

\_\_\_\_\_  
**Date**

**If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient.**

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