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NOTICE OF PRIVACY PRACTICES / PATIENT BILL OF RIGHTS

PRIVACY OFFICERS: Officer Director and Office Manager

I hereby acknowledge this medical practice's Notice of Privacy Practices and Patient Bill of Rights. I further acknowledge that a copy of the current notice is posted in the reception area, and that a copy of any amended Notice of Privacy Practices/ Patient Bill of Rights will be available at each appointment.

Patient Name: _____

Signature: _____ Date: _____

Name, if not patient: _____

If not patient please indicate relationship: _____