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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient's Name _____ Date of Birth: _____

Address: _____

I hereby acknowledge receipt of a copy of the Notice of Privacy Practices Effective October 15, 2010.

Parent's Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

Legal Authority is: Parent Guardian (Legal Document Needed)

Witness: _____ Other: (specify) _____