ACKNOWLEDGEMENT OF RECEIPT OF

NOTICE OF PRIVACY PRACTICES

(in accordance of HIPPA Privacy Rule)

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Notice of Priva		, c	13
		ereby Refuse to acknowledge receipt of the Noti	
	rstand that even the provide treatment t	ough I refuse to sign this acknowledgement, TRI to me.	NA LIESKE C
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		Signature of patient (or guardian)	D
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