

NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT

I certify that I was offered a copy of this office's Notice of Privacy Practices. I am aware that I may receive a copy of this policy at any time. This policy is also posted in the office reception area.

* Signature of Patient / Legal Guardian		Date
	DEL 011/10 FOR 055105 110	
	BELOW IS FOR OFFICE US	E ONLY
We attempte Practices, bu	d to obtain written acknowledgement of tit could not be obtained because:	receipt of our Notice of Privacy
()	Individual refused to sign	
() Communications barriers prohibited obtaining the ack		obtaining the acknowledgement
()	An emergency situation prevented un Other (please specify)	s from obtaining
()	Cine (piedes speelly)	

** You may refuse to sign this acknowledgement. **

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