

# Privacy Statement

## Patient Acknowledgement

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I, \_\_\_\_\_, hereby acknowledge that I have received the  
(Print Name)

notice of privacy practices entitled “Privacy Statement and Patient Rights and  
Responsibilities” for the office listed above.

\_\_\_\_\_  
Patient Signature and Date

\_\_\_\_\_  
Parent/Guardian Signature and Date  
(if applicable)

\_\_\_\_\_  
Witness Signature and Date