Patient Acknowledgment of Receipt of Notice of Privacy Practices

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	***************************************		ereby acknowledge that I	have reviewed an	nd received
s office's Notice of	Privacy Practices explaining:		,		
How this office	e will use and disclose my pr	otected health information.			
My privacy ri	ghts with regard to my protec	cted health information.			
■ This office's o	ligations concerning the use	and disclosure of my protec	eted health information.		
lerstand that the I e of Privacy Pract	Notice of Privacy Practices may ces upon request.	y be revised from time to tin	ne and that I am entitled t	to receive a copy (of any revis
understand that	f I have any questions or con	nplaints, I may contact:			
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•	e Secretary of the U.S. Departs		·		-
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