Notice of Privacy Practices-Acknowledgement

We keep a record of the healthcare services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our office. Our Notice of Privacy Practices describes in detail how your health information may be used and disclosed, and how you can access your information. By my signature below, I acknowledge that I have read and understand my rights contained within the Notice of Privacy Practices.

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Patient Name

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Patient or Legally Authorized Individual Signature