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HIPAA Notice of Privacy Practices – Acknowledgment

Client Name: _____ DOB: _____

I have received and reviewed a copy of the HIPAA Notice of Privacy Practices outlining how my protected health information may be used and disclosed, and how I can access this information.

I understand that I may request a copy of this Notice at any time and that it is also available on the provider's website or by request.

Signature: _____ Date: _____