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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge receipt of the Notice of Privacy Practices that I have given to you. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me at: (661) 724-6041.

If you have any questions about my Notice of Privacy Practices, please contact me at: (661) 724-6041.

I acknowledge receipt of the Notice of Privacy Practices of Christine Pilcher.

Signature: _____
(client/parent/conservator/guardian)

Date: _____

