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Receipt of Privacy Practices

I received a copy of the Notice of Privacy Practices. I understand that I can ask for a copy at any time, free of charge.

Printed Name of Patient or Parent

Relationship to Patient

Signature

Date

Receipt of Patient Bill of Rights

I received a copy of the Patients' Bill of Rights. I understand that I can ask for a copy at any time, free of charge.

Printed Name of Patient or Parent

Relationship to Patient

Signature

Date