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Acknowledgement of Receipt: Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. The Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I may obtain a revised copy of the Notice by calling Aaimee Johnson, Office Manager at Orcas Family Health Center.

_____ _____ _____

Date Siganture Print Name

As the representative of the above individual, I acknowledge receipt of this Notice on his or her behalf.

_____ _____ _____

Date Siganture Print Name