

Hipaa Notice

I have been offered a copy of the Hipaa Notice and privacy practices and do not need a copy for myself.

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to Protected Health Information. If you have any objections to this form, please ask to speak with our privacy officer

ACKNOWLEDGEMENT

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices.

X _____ Date

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