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**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
 PRIVACY PRACTICES**

I have been made aware of this office’s Notice of Privacy Practices. I have the right to receive a copy upon request.

 Child’s Name (Children’s Names)

 Signature of Parent or Legal Guardian

 Date

 For Office Use Only

- Parent refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Specify): _____

Received By: _____

 Signature of Staff Member