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RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

A copy of Allergy & Asthma Care, P.A.'s "Notice of Privacy Practices" has been received.

Patient Name *(Please Print)*

Signature of Patient or Parent/Guardian

Date

This acknowledgement also pertains to the following dependents under the age of 18:

Patient Name *(Please Print)*

Patient Name *(Please Print)*

Patient Name *(Please Print)*