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Patient Written Acknowledgment Confirming Receipt of Privacy Notice

Under HIPAA privacy regulations, covered entities must: distribute a Privacy Notice to all patients and clients upon first service delivery and obtain a written acknowledgment of receipt.

I _____ (print name) acknowledge that I have received a copy of Do Your Duty – Eat Right, PLLC, HIPAA Privacy Practices Notice on this day, _____ (date).

_____ (patient/client signature)