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**BILLING AND CORRESPONDENCE**

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**ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES**

The undersigned acknowledges receipt of a copy of the currently effective HIPAA Notice of

Privacy Practices. A copy of this signed and dated acknowledgement shall be effective as the original.

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Signature of Client (or legal Guardian if client is under 18) Date

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Printed Name of Client (or Legal Guardian of Client) dATE