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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You may refuse to sign this acknowledgement

I have received a copy of Dr. Fonder's Notice of Privacy Practices

Please Print Name: _____ Signature: _____ Date: _____



OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign*
- Communications barriers prohibited obtaining acknowledgement*
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- Other:*
