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**PATIENT ACKNOWLEDGMENT OF RECEIPT OF THE NOTICE OF
PRIVACY PRACTICES – REVISED 1/1/14 (MASSACHUSETTS NOTICE FORM)**

My signature below attests to the fact that I have received a copy of the NOTICE OF PRIVACY PRACTICES AND POLICIES dated 1/1/14. Current as of 12-8-24.

Signature of Patient or Parent/Guardian

Date

Signature of Patient or Parent/Guardian

Date