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## Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_ DOB: \_\_\_\_\_, have received the Notice of Privacy of  
(Parent/Legal Guardian) or (Patient)

Practices from Coos County Family Health Services on behalf of \_\_\_\_\_  
(Patient Name)

DOB: \_\_\_\_\_.

\_\_\_\_\_  
Patient/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

(Acknowledgement of Receipt of Notice of Privacy Practices) 7/2016