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### Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Legal Guardian

Have received the Notice of Privacy Practices from Coos County Family Health Services on behalf of

\_\_\_\_\_ DOB: \_\_\_\_\_  
Patient Name

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

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