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**Physical Medicine and Rehabilitation**

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**RECIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have received a copy of  
Patient Name

\_\_\_\_\_’s Notice of Privacy Practices.  
Patient Name

**Today’s Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Patient or responsible party’s signature**