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**ACKNOWLEDGEMENT OF RECEIVING NOTICE OF PRIVACY PRACTICES  
AND AGREEMENT OF SERVICES**

I, \_\_\_\_\_ [patient name], or the parents or legal guardian of the  
patient, have reviewed the following documents:

[Initial documents received]

\_\_\_\_\_ Notice of Privacy Practices

\_\_\_\_\_ Agreement of Services.

\_\_\_\_\_  
Signature of Patient (or Parent or Legal Guardian)

\_\_\_\_\_  
Date