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### Acknowledgement of Receipt of the HIPAA Notice of Privacy Practices

Federal law requires that we obtain your written acknowledgement of receipt of the RHD Notice of Privacy Practices effective September 23, 2013.

Please sign or initial below.

I acknowledge that I have received the Richmond Hearing Doctors' Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Patient or Legal Guardian, if applicable