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Acknowledgement of Receipt of the HIPAA Notice of Privacy Practice

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

Today’s Date

Print Name of Patient or Legal Guardian, if applicable