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## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES FOR CANTON FOOT & ANKLE SPECIALISTS

I ACKNOWLEDGE THAT I WAS PROVIDED THE NOTICE OF PRIVACY PRACTICES AND THAT I HAVE READ (OR HAD THE OPPORTUNITY TO READ, IF I SO CHOOSE) AND UNDERSTAND THE NOTICE.

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PATIENT NAME (PLEASE PRINT)

DATE

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PARENT OR AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

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SIGNATURE