

## acknowledgement of receipt of notice of privacy practices

You May Refuse To Sign This Acknowledgement

I,	have received	d a copy of Dr. McGee's Notice of Privacy Practices.
Please Print Name		_
Signature		_
Date		_
For Office Use Only		
We attempted to obtain a writte acknowledgment could not be o		t of our Notice of Privacy Practices but
O Individual Refused	To Sign	
O Communication Bar	rriers Prohibited Obtaining t	he Acknowledgment
O An Emergency Situa	ntion Prevented Us From Ob	taining Acknowledgment
Other (Please Specif	(y)	

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