ACKNOWLEGDEMENT OF RECIEPT OF NOTICE OF PRIVACY PRACTICES

I.	acknowledge that I have received,
reviewed, understand	and agree to the Notice of Privacy Practices of Rapids scribes the practice's policies and procedures
	disclosure of any of my Protected Health Information naintained by the practice.
Date	Signature
	Print Name
	WLEGDEMENT OF RECIEPT OF
NOT:	ICE OF PRIVACY PRACTICES
I,	acknowledge that I have received,
	and agree to the Notice of Privacy Practices of Rapids
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 Date	Signature
	- 3
	Print Name