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~ General and Child Psychiatrist ~

Acknowledgement of Receipt of Privacy Notice

*Please print clearly, fill out form completely and bring to you or your child's initial visit.

I have received a copy of the Privacy Notice and have had an opportunity to review it.

Patient Name: _____

Date of Birth: _____

Signature: _____

(If 12 years old or over)

Date Signed: _____

Parent / Guardian: _____

Signature: _____

Date Signed: _____