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Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received the Notice of Privacy Practices for Narciso L. Gomez, MD FACS, FASCRS. The Notice of Privacy Practices is required to be provided to me under the Health Insurance Portability and Accountability Act of 1996.

Effective Date of Notice: January 1st, 2007

Patient: _____
(Print Full Name)

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Patient Signature: _____

Or

Patient Representative: _____

Date: _____

Relationship to Patient: _____