HIPAA Privacy Policies

Acknowledgement of receipt of Notice of Privacy Practices

I, have been offered a chance to read the Notice of Privacy Policy Practices of Jean Pollock, and have been offered a copy of this policy for my records.			
I accept the Policy's term I refuse to acknowledge to accept the policies, Jean Polloc not cover the services provided.	any of the terms	of this Policy. I understand	
Signature of patient	date	Signature of patient	date
		Duples must each sign Notice of Privacy Practices	n)
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