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**Patient Written Acknowledgment Confirming Receipt of Privacy Notice**

I \_\_\_\_\_ (patient name) acknowledge  
that I have received a copy of the HIPAA Privacy Practices Notice for the office of  
*Libby Hugo, RDN – Nutrition Counseling* on this day, \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of client, client's representative, or parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client, client's representative, or parent