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**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT**

I \_\_\_\_\_, have reviewed or received a copy of:  
Patient Name

*Georgia Hormones, P.C.  
Notice of Privacy Practices*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

If signature refused by patient, to be noted by Georgia Hormones employee:

\_\_\_\_\_  
Signature of employee from Georgia Hormones, P.C.