



WRITTEN ACKNOWLEDGEMENT

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Our *Notice of Privacy Practices* provides information about how we may use and disclose private health information about you. As provided in our *Notice*, the terms of our *Notice* may change. If we change our *Notice of Privacy Practices*, you may obtain a revised copy.

I, _____ (patient's name)
have received a copy of **LEE DAVIS MEDICAL CENTER'S** *Notice of Privacy Practices*.

I have had an opportunity to read the *Notice of Privacy Practices*.

I understand that I may ask questions of **LEE DAVIS MEDICAL CENTER** if I do not understand any information contained in the *Notice of Privacy Practices*.

Patient Signature

Date

Authorized Representative of Patient

Relationship to patient

Date

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