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Receipt of Privacy Notice Practices

I acknowledge that I have received the Privacy Notice Practices of Joseph J. Novak, P.C. I understand that the Privacy Notice describes the uses and disclosures of my protected health, mental health and developmental disabilities information by Joseph J. Novak, P.C. and informs me of my rights with respect to my protected health information.

Client's Signature: _____ **Date:** _____

Signature of Minor (12 – 17 inclusive): _____

Date: _____

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