PRIVACY NOTICE
ACKNOWLEDGEMENT

This document is your notice of our privacy practices. Please print and sign your name acknowledging that you have received a copy of our privacy notice at the time and date indicated below. If you have any questions about our privacy practices, please feel free to contact us.

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SHAWNEE, OKLAHOMA 74801
405.273.3270

Patient Name: _____

Signature: _____

Witness: _____

Date and Time Obtained: _____