

Acknowledgement of Privacy Practices



Parent or Guardian Information

Last Name	First Name	MI
Relationship to Patients Listed Below		

Patient Information

First Name	Last Name	MI	DOB
			/ /
			/ /
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			/ /

I have had the opportunity to review Dr. Anne's **Notice of Privacy Practices** as posted on the web site www.DrAnneMD.com. This notice explains how my children's medical information will be **used and disclosed**. I understand that **I am entitled to receive a copy** of this document upon request.

Signature _____ Date _____
Parent or Guardian

Office Use Only

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