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## **ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I \_\_\_\_\_ acknowledge that I have received  
(Name of Patient)

a copy of Straight From The Heart Medical Professionals' **Notice of Privacy Practices**. This Notice describes how Straight From The Heart Medical Professionals may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

\_\_\_\_\_  
(Signature of Patient, or Personal Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Relationship to Patient)