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**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
 WRITTEN ACKNOWLEDGEMENT FORM.**

I, \_\_\_\_\_, have received a copy of Bruneau Family Care's Notice of  
Patient Name

Privacy Practices.

The Practice may contact me about appointments and results (labs, x-ray, etc.) with the following checked methods and instructions:

Communication	Number or Address	Leave Message Y/N	Special Instructions
Home Phone			
Work Phone			
Cell Phone			
Email			
Mail			

\_\_\_\_\_  
 Signature of Patient

\_\_\_\_\_  
 Date