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## Notice of Privacy Practices ACKNOWLEDGEMENT OF RECEIPT

Effective Date: August 1, 2013

## PLEASE REVIEW CAREFULLY

The Notice of Privacy Practices tells you how the Bethesda Medical Clinic uses and discloses information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you.

I,	, have been given a copy of the
Bethesda Medical Clinic Notice of Privacy Practices.	
Individual's Signature	Date
Personal Representative	Date
Signature of witness	Date

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