



www.bayareatotalhealth.com

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Acknowledgment of Receipt of Notice of Privacy Practices

I, _____ have received a copy of the Bay Area Total Health Medical Group, P.A.'s Notice of Privacy Practices.

Name (Please Print): _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices. Acknowledgement could not be obtained because:

<input type="checkbox"/>	Individual refused to Sign
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Bay Area Total Health Medical Group, P.A. Representative: _____

Signature: _____ Date: _____