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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY POLICY NOTICE

The undersigned hereby acknowledges receipt of the Internal Medicine Physicians, P.C. Summary Notice of Privacy Practices and attached Notice of Privacy Practices.	
Thrasy Traditions and attached Notice of Thrasy Traditions.	
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Signature	Date
Print Name of Patient	
(,	
(If an authorized representative)	
Print name of Representative	
Relationship to Patient	
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