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ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Dr. Alan Montgomery's Notice of Privacy Practices.

Patient Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date: _____ Initials: _____ Reason: _____