NEWPORT LAPAROSCOPY
Advanced Laparoscopic & General Surgery

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ACKNOWLEDMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledged that a copy of the Current Notice will be posted in the reception area, and that I will be offered a copy of any amended Notice of Privacy Practices at each appointment.

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Relationship:

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Name of Patient:_______________________________________

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