



LEE - DAVIS  
MEDICAL CENTER

INTERNAL MEDICINE

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## WRITTEN ACKNOWLEDGEMENT

Our *Notice of Privacy Practices* provides information about how we may use and disclose private health information about you. As provided in our *Notice*, the terms of our *Notice* may change. If we change our *Notice of Privacy Practices*, you may obtain a revised copy.

I, \_\_\_\_\_ (patient's name) have received a copy of LEE DAVIS MEDICAL CENTER'S *Notice of Privacy Practices*.

I have had an opportunity to read the *Notice of Privacy Practices*.

I understand that I may ask questions of LEE DAVIS MEDICAL CENTER if I do not understand any information contained in the *Notice of Privacy Practices*.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative of Patient

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Date

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