

BARBER & RICHARDSON, PC.
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**Receipt of Notice of Privacy Practices
Written Acknowledgement Form.**

I, _____, have reviewed a copy of Barber & Richardson, PC,
Patient Name

P.C.'s Notice of Privacy Practices.

Signature of Patient

Date

I, _____, decline to review and or sign a copy of Barber and Richardson,
Patient Name

P.C.'s Notice of Privacy Practices.

Signature of Patient

Date

Please choose one option