

Acknowledgement of Receipt of Notice of Privacy Practices

I, \_\_\_\_\_, have received the Notice of Privacy Practices from Millennium Rehabilitation.

X \_\_\_\_\_ Date: \_\_\_\_\_

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In lieu of patient signature, I, \_\_\_\_\_, a staff member of Millennium Rehabilitation, state that \_\_\_\_\_ has been given our current Notice of Privacy Practices.

X \_\_\_\_\_ Date: \_\_\_\_\_