



Middlesex Gastroenterology Associates

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ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices for Middlesex Gastroenterology Associates. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ **Date:** _____

Print Name: _____ **Date:** _____

If not signed by the patient please indicate your relationship to the patient:

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