

# Prime Healthcare Providers PLLC

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## ACKNOWLEDGMENT OF RECEIPT

OF

## NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read {or had the opportunity to read if I so chose} and understand the notice. If I have any questions, about the Notice of Privacy Practices, I may contact Angela Gomez / Privacy Officer for Prime Healthcare Providers PLLC / Phillip Weinstein, M.D., PA, at {713} 932-0118.

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Patient Name {please print}

Date

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Parent or Authorized Representative {if applicable} {please print}

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Signature

Date

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Witness {office use only}

Date