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I have been provided with a copy of the Notice of Privacy Practices for Helen Stosel, M.D., as it is currently in effect. I have read and understand the information presented in the Notice. I understand that I am entitled to receive a paper copy of the notice at any time I request one and I can make my request for a paper copy to the Privacy Officer at the address above. I also understand Helen Stosel, M.D., Inc. reserves the right to change notice. If any future changes are made to the Notice, on my next visit or admission following implementation of such changes, I will be provided with a copy of the new notice in effect.

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Patient Signature _____

Parent or Guardian Signature (required under age 18) _____

Date _____

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