



Kuether Brain and Spine

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the Notice of Privacy Practices of Kuether Brain and Spine and I understand that I have the right to review the notice before I sign this form of acknowledgement.

I understand that the terms of the Notice may change, and that I may receive a copy of any revised Notice by mail upon verbal request.

Patient or Guardian Signature

Date

Print Name