

Texoma Pediatric Therapy Services, LLC

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Receipt of Notice of Privacy Practices Written Acknowledgement Form

I am a parent/legal guardian of _____ . I hereby acknowledge receipt of _____'s Notice of Privacy Practices with respect to the patient.

Parent/Guardian Name [Please Print]: _____

Relationship to Patient: Parent Guardian

Signature: _____

Date: _____

Please return this form, signed and dated, to our office as soon as possible. Thank you.