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## Notice of Privacy Practices

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### Acknowledgement of Receipt

I understand that First State Pediatrics is required by law to maintain the privacy of medical information and provide me with a copy of its Notice of Privacy Practices.

I acknowledge that I have been given First State Pediatrics Notice of Privacy Practices

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Signature

Date

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Print Name of Person Responsible for Patient

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Patient Name

DOB

If returning this form by mail, please send to:

First State Pediatrics  
722 Yorklyn Road  
Suite 100  
Hockessin DE 19707  
Attn: privacy practices receipt