

# Pediatric Associates of Mount Carmel, Inc.

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## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM.

I, \_\_\_\_\_, have received a copy of **Pediatric Associates of Mount Carmel's** Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Names of Children	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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