



GAHANNA PEDIATRICS

NURTURING WHILE HEALING

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Receipt of Notice of Privacy Practices Written Acknowledgement Form

PLEASE PRINT ALL INFORMATION

I, _____,
Parent / Guardian

have received a copy of Gahanna Pediatrics, Inc. Notice of Privacy Practices for

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

Patient Name

Date of Birth

_____ <i>Signature of Parent/Guardian</i>	_____ <i>Date</i>
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