

**SPEECH CENTER OF SOUTHERN ARIZONA**

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**Acknowledgement of Receipt of Privacy notice**

I acknowledge that I have received a copy of the office's Notice of Privacy Practices.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (parent, legal guardian,  
personal representative, etc)