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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

I have been provided the opportunity to review Dr. Shazia Zafar's Notice of Privacy Practices.

_____	_____	_____
Patient's Signature	Printed Name	Date

I have been provided an opportunity to review the Privacy Notice and **DO NOT** wish to sign the acknowledgment form.

_____	_____	_____
Patient's Signature	Printed Name	Date