

# BERKELEY~ORINDA ORTHODONTICS

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PATIENT NAME: \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**\*\*You may Refuse to Sign This Acknowledgement\*\***

I, \_\_\_\_\_, have been informed of this office's Notice of Privacy Practices.  
(Parent/Guardian if under 18yrs)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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