DAVID LONDON MD

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Receipt of Notice of Privacy Practices Written Acknowledgement Form

I am a patient of David London MD, I hereby acknowledge receipt of David London MD's Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____ [patient name]. I hereby acknowledge receipt of David London MD's Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Relationship to Patient: _____ Parent_____ Legal Guardian

Signature: _____

Date: _____