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PRIVACY NOTICE ACKNOWLEDGEMENT

I acknowledge that the HIPPA Privacy Notice, which explains the protection of my Protected Health Information (PHI), has been made available to me. A paper copy of this notice will be provided at my request. This notice is also displayed on Dr. Logan's website at www.drellenlogan.com. **Client Initials:** _____

Client or Personal Representative's Name (Printed)

Signature of Client or Personal Representative

Date