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**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM.**

I, \_\_\_\_\_ have received a copy of the  
Print Patient/Parent/Guardian's Name

GATEWAY PEDIATRICS P.L.L.C.'s Notice of Privacy Practices and have been given the opportunity to review the same.

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date