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WRITTEN ACKNOWLEDGMENT FORM

I am a patient of **Dr Wasserman/Dr Ulitsky**. I hereby acknowledge receipt of **Dr**

Wasserman's/Dr Ulitsky'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 **Dr Wasserman's/Dr Ulitsky's** Notice of Privacy Practices with respect to the patient.

Name [Please Print]: _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____