

***McCaskill Family Services, PLLC***

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**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient: \_\_\_\_\_

Given to Patient on: \_\_\_\_\_ Version/Effective Date: 6-01-04

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

\_\_\_\_\_  
Date

Relationship of Personal Representative to the Patient: \_\_\_\_\_

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