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ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* that I have give to you. *My Notice of Privacy Practices* provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

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If you have any questions about my *Notice of Privacy Practices*, please contact me at Deborah B. Edgar, MFT Psychotherapy & Counseling Services, at 626-397-6855.

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