



**ACKNOWLEDGEMENT: RECEIPT OF PRIVACY PRACTICES NOTICE**

I have received a copy of the Vermont Center for Anxiety Care's Notice of Privacy Practices.

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Patient Signature	Print Name	Date
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Provider Signature	Print Name	Date
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**FOR MINORS:**

I am a parent or legal guardian of \_\_\_\_\_ and I have received a copy of the Vermont Center for Anxiety Care's Notice of Privacy Practices.

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Patient Signature	Print Name	Date
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Provider Signature	Print Name	Date
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