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MEDICALLY SUPERVISED WEIGHT MANAGEMENT

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

_____acknowledges that I have received a copy
(Name of Patient)
of Lisa E. Heuer, M.D.'s Notice of Privacy Practices. This Notice describes how Lisa E. Heuer, M.D. may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

_____ _____
(Signature of Patient or Personal Representative) (Date)