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**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM.**

I, _____, have received /seen/been offered a copy of Dr. Conrad J. Tirre's Patient Privacy Policy and I have declined/received a copy. There are copies available in the waiting room.

Who do you authorize us to speak to, either in person or on the telephone, regarding your medical treatments and appointments?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Signature of Patient

Date