



## NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have received the Notice of Privacy Practices from **Nimble Kids, LLC, dba Comprehensive Therapy Children's Center**. I understand that the Notice of Privacy Practices is subject to change. If **Nimble Kids, LLC, dba Comprehensive Therapy Children's Center** changes its notice, a copy will be posted on the effective date and I may request a written copy of the Revised Notice from this office.

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Patient Name

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Legal Representative Signature

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Relationship to Patient

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Date