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# Acknowledgment Form

Health Services • Curry Hall Room 131 • 505-562-2321

I have received the **Notice of Privacy Practices**, and I have been given an opportunity to review it.

**Full name:** \_\_\_\_\_  
Last First Middle

**Date of birth:** \_\_\_\_\_  
Month Day Year

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Contact Information

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