

**COMPREHENSIVE NEUROLOGY, LLC**

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**NOTICE OF PRIVACY PRACTICE ACKNOWLEDGEMENT**

I, \_\_\_\_\_, do here by acknowledge receipt of  
(Print Patient Name)

Comprehensive Neurology, LLC., Notice of Privacy Practice on this date: \_\_\_\_\_  
(Print date)

\_\_\_\_\_  
Signature of Patient/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name