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**Notice of Privacy Practice**

*The Notice is available at the office for your review with a copy for you to keep. After you have read it please sign below to indicate that you have been informed.*

I acknowledge with my signature below that I have read and received the Notice of Privacy Practice from Vincent J. Romviel, PT on the date signed.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_