

**J. CHRIS BECKMAN, MD, PLLC**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date of Birth

I have:

- Taken a HIPAA Notice of Privacy Practices for my records.
- Been offered a Notice of Privacy Practices but have declined to take it with me.

\_\_\_\_\_  
Patient (or Legal Guardian if under 18) Signature

\_\_\_\_\_  
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