



**FAMILY | *health* |**  
**CENTERS, INC.**

# Notice of Privacy Practices Aviso de Practicas de Privacidad



I hereby acknowledge receipt of Family Health Centers', Inc. "Notice of Privacy Practices".  
(*Por la presente acuso recibo de Family Health Centers', Inc. "Aviso de prácticas de privacidad".*)

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Signature (*Firma*): \_\_\_\_\_ Date (*Fecha*): \_\_\_\_\_

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