Birmingham Allergy & Asthma Specialists, P.C.

ACKNOWLEDGEMENT OF RECEIPT

HIPAA - NOTICE OF PRIVACY PRACTICES

By signing this document, I acknowledge that I have received a copy of the **Birmingham Allergy & Asthma Specialists, P.C.** Notice of Privacy Practices.

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Birmingham Allergy & Asthma Specialists, P.C. USE ONLY

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-OR-

Reason acknowledgement was not obtained:

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