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Warm Hands Therapeutics

*Receipt of Notice of Privacy Practices
Written Acknowledgement Form*

I, _____ have read a copy of Warm Hands
(Client Name)

Therapeutics' Notice of Privacy Practices.

(Signature of Client, Parent, or Legal Guardian)

(Date)

(Witness)

(Date)



*Remember, if it's starting to stick,
Its time to call Nick.*