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## Receipt of Notice of Privacy Practices

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### Written Acknowledgement Form

I, \_\_\_\_\_, have been made aware of the privacy practices of Daquan Q. Johnson Anemia Foundation. I am aware that I can request a printed copy.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient**

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

07/07/2017