

**Klamath Family Practice Center PC**

2300 Clairmont

Klamath Falls OR 97603

I have received and read the HIPPA (Notice of Privacy Practices) and Red Flag Notice provided by Klamath Family Practice Center, PC.

**Printed Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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