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HUNTERDON FAMILY EYE CARE

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HIPAA Acknowledgment of Receipt

This confirms that I read and was offered a copy of the Notice of Privacy Practices of Hunterdon Family Eye Care.

Date: _____

Patient Name: _____

Signature: _____

List any individuals that have permission to be told about my eye care needs: (Relative, Spouse, Child, etc.)

I give permission for the staff to leave a message on my answering machine or with whoever may answer my home phone.

Initial: _____