

HIPAA NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices and understand that I may ask questions about it at any time.

If you require further information or have questions, please contact the Privacy Officer at:
Phone: 732-774-5566 / Fax: 732-988-7574 / Email: info@dseye.com

Patient Name: _____

Name of Parent or Legal Guardian (if Parent or Legal Guardian is signing this document):

Relationship to Patient (if Parent / Legal Guardian is signing this document):

Signature of Patient (or Parent / Legal Guardian):

Note: If signed by Legal Guardian, attach documentation of guardianship

Date:
