



Agnone, Morrison & Associates
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ACKNOWLEDGMENT OF HIPAA NOTICE OF PRIVACY PRACTICES

I, _____ (Print Name of Patient), acknowledge that I received a copy of AGNONE, MORRISON & ASSOCIATES, Eye Physicians and Surgeons, Inc. Notice of Privacy Practices.

Patient's Signature

Date of Signature

amaEyes' Signature

Date of Signature

If the patient did not acknowledge receipt of Privacy Notice above, you must document below your efforts to obtain the patient's acknowledgement and the reason why it was not obtained:

amaEyes' Signature

Date of Signature