Eye Care
PHYSICIANS & SURGEONS
of New Jersey

73 South Main St.	1701 Wynwood Dr.	2301 Evesham Rd, Ste 501	101 Kings Hwy West
Medford, NJ 08055	Cinnaminson, NJ 08077	Voorhees, NJ 08043	Haddonfield, NJ 08033

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

DATE: _____

I acknowledge that I was provided with a copy of the Eye Care Physicians and Surgeons of New Jersey Notice of Privacy Practices to review.

_____ _____
Patient Name (Print) Patient Signature

If completed by a patient's personal representative, please print and sign your name in the space below

_____ _____
Personal Representative (Print) Personal Representative's Signature

_____
Relationship

For Eye Care Physicians and Surgeons of New Jersey use only.

Complete this section if this form is not signed and dated by the patient or patient's personal representative.

I have made a good faith effort to obtain a written acknowledgement of receipt of Eye Care Physicians and Surgeons of New Jersey' s Notice of Privacy Practices but was unable to for the following reason:

□ Patient refused to sign
□ Patient unable to sign
□ Other _____

_____ _____
Employee Name Date