## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

	Ι,	I	, h	, have reviewed/received a copy of	
	JAMES	EUGI	ENIDES, O.D., P.A.  Practice Name	's Notice of Privacy Practices.	
Signature of Patient / Guardian			n	Date	
		0.00	OFFICE USE ON at's signature in acknowled to do so as documented be	Igement on this Notice of Privacy Practices	
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