SIGNATURE: _____DATE: _____
RELATIONSHIP TO PATIENT (IF NOT SELF)

CARDIOLOGY ASSOCIATES
OF MORRISTOWN
95 MADISON AVENUE, STE A10
MORRISTOWN, NJ 07960

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ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICE

I, _____, ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF CARDIOLOGY ASSOCIATES OF MORRISTOWN, LLC PRIVACY PRACTICES.

SIGNED:

_____ _____
(SIGNATURE) (DATE)

_____
(PRINT NAME)

_____
(RELATIONSHIP TO PATIENT IF OTHER THAN SELF)

WITNESSED:

_____ _____
(SIGNATURE) (DATE)

_____
(PRINT NAME)