



**ACKNOWLEDGEMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES**

I, EPSTEIN, JEFFREY, have received the Notice of Privacy Practices from East River Medical Imaging, PC.

PATIENT SIGNATURE: _____

5/30/18

In lieu of patient signature, I, _____, a staff member of East River Medical Imaging, PC state that the patient named above has been given our current Notice of Privacy Practices.

STAFF SIGNATURE: _____

DATE: _____

PATIENT NAME: EPSTEIN, JEFFREY

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