Jean G. Fitzpatrick, L.P.
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646-801-8550

NOTICE OF PRIVACY PRACTICES

I hereby certify that I have been offered the Notice of Privacy Practices and authorize the use and disclosure of PHI as described therein. I understand that I have the right to revoke this Authorization, in writing, at any time by so notifying the requesting person. Such revocation will not affect actions taken by the requesting person prior to the date he or she received the written revocation.
I understand that my health care provider cannot condition medical treatment on whether I sign this Authorization.

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Signature of patient Date