

Armstrong Eye Care Associates, P.C.
159 Butler Road
Suite 2
Kittanning, PA 16201

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office at the address or phone number shown at the beginning of this notice.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Armstrong Eye Care Associates, P.C. 's Notice of Privacy Practices.

Patient Name _____

Signature _____ Date _____

I authorize the release of my personal health information to (Doctor's excluded):

