



EYE CENTER  
on  
CAPITOL HILL

SALIM I. BUTRUS, M.D., P.C.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, \_\_\_\_\_ have received a copy of Dr. Salim I. Butrus' Notice Of Privacy Practices effective April 13, 2003.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

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