

**James E. Haberman, M.D., F.A.C.S.**

Excel Eyecare & Laser Surgery Center

2333 Morris Avenue  
Suite C-103  
Union, New Jersey 07083  
Tel. (908) 688-4000  
Fax (908) 688-1717

**Verification of Receipt of Health Information Privacy Practices**

By signature below, I verify that I have received a copy of the Health Information Privacy Practices of James E. Haberman, M.D., P.A.

\_\_\_\_\_  
Signature of Person or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person or Personal Representative

\_\_\_\_\_  
Description of Personal Representatives Authority