



**ADVANCED FAMILY EYECARE**  
**James A. Tuel, O.D., P.C.**

**\*\*NEW ADDRESS\*\***

24510 W. Lockport St., Suite 100  
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815-254-2546

**HIPAA COMPLIANCE ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received a copy of

*James A Tuel*

\_\_\_\_\_ O.D.,

Notice of Privacy Practices. Date \_\_\_\_\_

Patient name \_\_\_\_\_

Signature \_\_\_\_\_