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Servicing all 5 Boros
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Suite 450
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S5.0 SUBSTANCE ABUSE DISCLAIMER*

“I certify that I am free from addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances which may alter my behavior or be a potential risk to patients or might interfere with the performance of my duties.”

NAME (print)

SIGNATURE

DATE

*This compliance document must be renewed annually