

**KIDNEY AND HYPERTENSION SPECIALISTS
OF NEW YORK, P.C.
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**ACKNOWLEDGEMENT OF
RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient Acknowledgement

This Notice of Privacy Practices provides information about how we may use and disclose protected health information (“PHI”) about you. You have the right to review our Notice and ask questions about our privacy practices. As provided in our Notice, the terms of our Notice may change. If we change our Notice, you may obtain a revised copy by requesting a copy from the Privacy Officer.

You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

We ask that you sign this form acknowledging that you have received our Notice of Privacy Practices. Retain the Notice of Privacy Practices.

Should you have any questions, please call.

Name of Patient

Signature of Patient

Date

Internal Use Only:

If Patient or patient’s representative refuses to sign acknowledgement of receipt of Notice, please document the date and time the Notice was presented to patient and sign below.

Presented on (date and time): _____

By: (name and title): _____