

# MANHATTAN EASTSIDE

## ORTHODONTICS

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE**

The undersigned acknowledges receipt of a copy of the current effective Notice of Privacy Practice for Manhattan EastSide Orthodontics. A copy of this signed, dated Acknowledgement shall be as effective as the original.

Please print your name: \_\_\_\_\_

\_\_\_\_\_  
Please sign your name: \_\_\_\_\_

Date of your signature: \_\_\_\_\_

If you are the legal representative of the patient, please print the patient's name and describe your authority: \_\_\_\_\_

\_\_\_\_\_

If you have any questions about this form or attached Notice, please contact our privacy officer at:

Manhattan EastSide Orthodontics  
207 East 94<sup>th</sup> Street, Suite 501  
New York, NY 10128  
(212) 289-8989

---

#### **Office Use Only**

As privacy officer, I attempted to obtain the patients' (or representative) signature on this Acknowledgment but did not because:

It was emergency treatment \_\_\_\_\_

I could not communicate with the patient \_\_\_\_\_

The patient refused to sign \_\_\_\_\_

The patient was unable to sign because \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Signature of privacy officer: \_\_\_\_\_