Dr. Wayne Goldberg, OD
282 Sunrise Highway
Rockville CentrE, New York 11570
516-678-6313

NOTICE of PRIVACY PRACTICES
PATIENT ACKNOWLEDGEMENT

Patient Name: _____

Date of Birth: _____

I have received this practice's Notice of Practices written in plain language.
The Notice provides in detail the uses and disclosures of my protected health information that may be madatory to this practice, my individual rights, how I may exercise these rights, and practice's legal duties with respect to my permission.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.

Signature _____ **Date:** _____

Relationship to patient (if signed by a personal representative of patient):

_____