

JEFFERSON VALLEY PODIATRY ASSOCIATES, PC

Valley Professional Center
3630 Hill Boulevard, Suite 104
Jefferson Valley, New York 10535

Tel: (914) 962-5571

Fax: (914) 962-5574

Arnold L. Isaacson, DPM ABMSP

Podiatric Medicine & Surgery

NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

PATIENT:

DATE OF BIRTH:

I understand that under the **Health Insurance Portability Accountability Act (HIPAA)** of 1998, I have certain rights to privacy in regards to my protected health information (**PHI**). I have received, read and understand the **Notice of Privacy Practice**.

The practice reserves the right to change the terms of its **Notice of Privacy Practice**. I understand the practice will provide current **Notice of Privacy Practice** on request.

If you would like a complete copy of the **Notice of Privacy Practice**, we will be happy to provide it upon request.

SIGNATURE: _____

Relationship to patient: ___ Self ___ Parent ___ Guardian

DATE: _____

ALI:igl
NOPPPA