



NYC–Metro Physician Services PC NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

NYC –Metro Physician Services PC (Parker at Your Door) Notice of Privacy Practices provides information about how we may use and disclose health information about you. We encourage you to review it carefully.

I acknowledge that I have received the Notice of Privacy Practices

Signature of Patient or Patient’s Representative

Date

Print Name of Patient

Print Name of Representative
(if applicable)

Representatives Relationship

Inability to Obtain Acknowledgement (to be completed by staff)

If it is not possible to obtain the individual’s acknowledgement, please document your efforts to obtain acknowledgement and the reason why it was not obtained.

- Patient Unable to Sign
- Patient Refused to Sign
- Notice of Privacy and Acknowledgement Mailed to Patient and was not returned
- Other reason (specify below)

Signature of NYC-Metro Physician Services, PC Representative

Date