

ADDRESSOGRAPH

NORTH SHORE - LONG ISLAND JEWISH HEALTH SYSTEM

ACKNOWLEDGEMENT OF RECEIPT

I have received a copy of the Provider's Notice of Privacy Practices.

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date

Time

Relationship to Patient

PROVIDER USE ONLY

_____ Patient or patient representative refused to sign/accept Notice of Privacy Practices

_____ Patient unable to sign

Signature

Date

Time

July 2011