Langone Medical Center

LISA PARK, M.D.
Eye Physician and Surgeon
Cataract Surgery
Laser Vision Correction

Acknowledgement of Receipt of Notice of Privacy Practices
(to be filed in patient's medical record)

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information.

Signed:______________________________ Date:______________

Relationship (if not signed by patient):_________________________

I wish to place the following restrictions of my health information:

____

Internal Use Only
If patient/patient's representative refuses to sign acknowledgement, please document date and time notice was presented to patient and sign below.

Presented on (date and time):________________________________

By (name and title):____

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