Sheikh Medical Care PLLC

103-02 93RD ST, OZONE PARK,
New York 11417
Tel: 718-487-3944
Fax: 718-487-3929
E-mail: sheikhmedicalcarepllc@gmail.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that I have certain rights to privacy under the Health Insurance Portability and Accountability Act of HIPAA, 1996, regarding my PHI (protected health information). I understand that these details can & will be utilized to:

- ➜ Conduct, direct, and plan my follow-up and treatment among the various healthcare providers who might be involved in this treatment indirectly or directly
- ➜ Get payment from particular third-party payers
- ➜ Perform normal healthcare operations, like physician certifications and quality assessments

I obtained, read, and ultimately understand the Notice of Privacy Practices comprising a complete description of the disclosures and uses of my Protected Health Information. I understand that the authorization holds the right to alter its Notice of Privacy Practices in the future from time to time & that I can contact the organization anytime in order to attain the latest Notice of Privacy Practices copy.

Patient or Legal Guardian Name: ______________________________

Signature: ______________________________

Date: ______________________________

PRACTICE USE ONLY

I attempted to get the signature of the patient in the declaration of the Notice of Privacy Practices but was not able to do so as reported below:

Date	Initials:	Main Reason: