

Richard W. Swift, M.D., F.A.C.S.
Board Certified Plastic Surgeon
110 East 87th Street
New York, NY 10128
212-828-9906

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES

Name of Patient: _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy and that I may request a copy of any amended Notice of Privacy.

Signed: _____ Date: _____

Print Name: _____

If not signed by the patient, please complete below:

Relationship to Patient: Check below

Parent Legal Guardian Conservator Patient's Representative

For Office Use Only:

Acknowledgement refused:

Efforts to Obtain: _____

Reasons for refusal: _____

