

**Dr. Raphael Gabay
Dr. Neil Gottlieb**

Acknowledgement of Receipt of Notice of Privacy Practices

Dr. Raphael Gabay and/or Dr. Neil Gottlieb reserves the right to modify the privacy practices outlined in the notice.

Please list any persons other than yourself, who you authorize us to release your Protected Health Information (PHI). This includes: lab results, radiology reports, biopsy results, appointment reminders, etc.

Do you authorize us to leave information regarding PHI, (lab results, radiology reports, biopsy results, appointment reminders, etc.) on an answering machine if you are unavailable?

- YES
 NO

I have received a copy of the Notice of Privacy Practices for Dr. Raphael Gabay and/or Dr. Neil Gottlieb

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient