



Northeast Medical, P.C.

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www.northeastmedicalpc.com

□ 3488 Sheridan Drive | Amherst, NY | 14226
Phone: 716-832-6207 | Fax: 716-832-3282

WRITTEN ACKNOWLEDGEMENT OF RECEIPT

I, _____, acknowledge that I have received the written Notice
Patient Name

of Privacy Practices from Northeast Medical, P.C. as a new patient.

Patient or Personal Representative Signature

Date: ____/____/____

If Personal Representative, describe relationship to patient

The patient's condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.

Acknowledgement was unable to be obtained. Reason: _____

Employee Signature: _____

Date: ____/____/____