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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, HAVE RECEIVED A COPY OF THIS OFFICE'S
NOTICE OF PRIVACY PRACTICES.

PRINT NAME _____

SIGNATURE _____

DATE _____

*YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

FOR OFFICE USE ONLY

WE ATTEMPTED TO OBTAIN A WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF OUR NOTICE OF
PRIVACY PRACTICES, BUT ACKNOWLEDGEMENT COULD NOT BE OBTAINED BECAUSE:

___ Individual refused to sign

___ Communication barriers prohibited us from obtaining this acknowledgement

___ An emergency situation prevented us from obtaining this acknowledgement

___ Other (please specify) _____