

**Brian Bezack, DO, PLLC
Pediatric Pulmonary Medicine
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Patient Acknowledgement of Receipt of the Notice of Privacy Practices

By signing this form, I am acknowledging receipt of the Notice of Privacy Practices of Brian Bezack, DO, PLLC. I have the right to review the Notice of Privacy Practices prior to signing this form. If I do not sign this form, Brian Bezack, DO, PLLC may decline to provide treatment to me.

Brian Bezack, DO, PLLC reserves the right to revise its Notice of Policy Practices at any time. A copy of such revisions is available upon written request.

Signature of Patient or Legal Guardian

Print Name of Legal Guardian

Print Name of Patient

Date