

PRIVACY INFORMATION PREFERENCES



- 1304 Rhawn Street, Philadelphia, PA 19111 • 215.742.1225
- 301 Oxford Valley Rd., Suite 204, Yardley, PA 19067 • 215.493.8300
- 2808 N. 5th Street Hwy, Reading, PA 19605 • 610.921.8800
- 13 Market Place, Suite 60, New Hope, PA 18938 • 215.862.2084
- 2285 Cross Rd, Glenside, PA 19038 • 215.887.1784

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Circle Answer

- | | | |
|----------------------------------------------------------------|-----|----|
| 1. Do you want to be exempt from public reporting | YES | NO |
| 2. May we send mail to the address on file | YES | NO |
| 3. May we call the phone number on file | YES | NO |
| 4. May we leave voicemail on answering machine | YES | NO |
| 5. Will you allow internet based delivery reminders like email | YES | NO |
| 6. Who may we leave messages with? | | |

Wife _____
Husband _____
Daughter _____
Son _____
Other _____

Date last seen by primary care doctor _____

ACKNOWLEDGMENT RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided or afforded the opportunity to receive a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read this notice if I so chose) and understood the Notice.

Patient Name (please print)

Parent of Authorized Representative

Signature

Date