



ACKNOWLEDGMENT

I, the undersigned, do hereby acknowledge receipt, and review of the following information:

- **NOTICE OF PRIVACY PRACTICES**
- **ADVANCED DIRECTIVES**
APPOINTING YOUR HEALTH CARE AGENT
(NEW YORK STATE'S PROXY LAW)
- **PATIENTS' BILL OF RIGHTS**

Patient's Signature

Date

Signature of Patient's Designated Representative

Relationship to Patient