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PRIVACY PRACTICES ACKNOWLEDGEMENT

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. This notice of privacy practices will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

ACKNOWLEDGEMENT FORM:

I have received the Notice of Privacy Practices from Dr. Jeffrey S. Sider, M.D. and have been given the opportunity to review the entire notice and have my questions answered adequately.

NAME: _____

BIRTHDATE: _____

SIGNATURE: _____

DATE: _____