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**PRIVACY PRACTICE NOTICE**

A copy of the "Notice of Privacy Practices", as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") has been posted in the waiting room and made available for my review.

I have received a copy of the "New Patient Information" packet.

Name \_\_\_\_\_ Patient Account # \_\_\_\_\_  
(Office Use Only)

Patient Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Name\*\* \_\_\_\_\_

Legal Guardian Signature\*\* \_\_\_\_\_ Date \_\_\_\_\_

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\*If patient is **14 or older**, patient must sign all paperwork and add legal guardians to their HIPAA.

\*\*If patient is **13 or under**, a legal guardian must sign all paperwork.

**If you have any questions, please ask our staff.**