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**Notice of Privacy Practices**  
**Patient Acknowledgement of Receipt of Notice**

This is to acknowledge that I have received and reviewed the  
**Mel Kaplan M.D., P.C.** ("the Practice's") Notice of Privacy  
Practices. Should I have any questions regarding the Notice of  
Privacy Practices, I understand that I can contact the Practice at  
(631) 477-0070

Patient Name (print): \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_