

Receipt of Notice of Privacy Practices

Written Acknowledgment Form

DRS. ISAACSON & BERZIN LLC

I am a patient of Dr. Isaacson, Berzin, and/or Halachmi.

I hereby acknowledge that I have received or have read online Drs. Isaacson and Berzin LLC's Notice of Privacy Practices.

Name [please print]: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____.

I hereby acknowledge receipt of Drs. Isaacson and Berzin LLC's Notice of Privacy Practices with respect to the patient.

Name [please print]: _____

Signature: _____

Relationship to Patient: _____

Date: _____