

Maria I. Betancourt, M.D., PLLC

**Receipt of Notice of Privacy Practices
Written Acknowledgement Form**

Maria I. Betancourt, M.D., PLLC is committed to protecting the privacy of its patients. It is the intent of Maria I. Betancourt, M.D., PLLC to comply with the Privacy Rule promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) and applicable New York State Law.

1. Maria I. Betancourt, M.D., PLLC makes its Notice of Privacy Practices available upon request to any person.
2. Maria I. Betancourt, M.D., PLLC makes the Notice of Privacy Practices Policies available at its offices for the individuals to take with them upon request.

By signing below, I hereby acknowledge that the full privacy has been made available to me and will continue to be available upon request.

Patients Signature: _____

Date: _____

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