



# M. H. MANDELBAUM

## ORTHOTIC & PROSTHETIC SERVICES, INC.

...a name people trust for personalized orthotic and prosthetic care.

### **Acknowledgement of Receipt of Notice of Privacy Practices**

I certify that I have received a copy or declined to receive a copy and have access to the office copy and web site copy of M. H. Mandelbaum Orthotic & Prosthetic services, Inc.'s Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of M. H. Mandelbaum Orthotic & Prosthetic Services, Inc.'s health care operations. The Notice of Privacy Practices also describes my rights and M. H. Mandelbaum Orthotic & Prosthetic Services, Inc.'s duties with respect to my protected health information. The Notice of Privacy Practices is also available in the patient waiting room at our Port Jefferson office, is available on M. H. Mandelbaum Orthotic & Prosthetic Services, Inc.'s website at [www.mhmoandp.com](http://www.mhmoandp.com) and if requested can be e-mailed to me.

M.H. Mandelbaum Orthotic & Prosthetic Services, Inc. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing M.H. Mandelbaum Orthotic & Prosthetic Services, Inc.'s website.

**Unless box checked, I authorize MHMO&P to contact me by phone regarding my orthotic and/or prosthetic needs in the future. I do not authorize**   
(Please note: MHMO&P does not share lists with other companies except as required by law to Government/State agencies or by contracted insurance companies.)

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Signature of Patient or Personal Representative

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Name of Patient or Personal Representative

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Date

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Description of Personal Representative's Authority

Acknowledgement HIPPA, 4/28/2009