DIMITRY RABKIN, M.D., P.C.

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Brooklyn, NY 11223	Forest Hills, NY 11375	Fair Lawn, NJ 07410

PRIVACY NOTICE ACKNOWLEDGMENT AND CONSENT

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of our practice. A copy of our current notice will always be available in our reception area. You will also be able to obtain your own copy by calling our office at **(718) 339-6800** or by asking for one at the time of your visit.

We will obtain a one-time general written consent in order to treat you, obtain payment for that treatment, and conduct our business operations. This general written consent will be obtained he first time we provide you with treatment or services. This general written consent is a broad permission that does not have to be repeated each time we provide treatment or services to you.
By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the practice listed at the beginning of this notice, and how I may obtain access to and control this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV/AIDS-related information, alcohol and substance abuse treatment information, mental health information, and genetic information. Finally, by signing below, I consent to the use and disclosure of my health information to treat me and arrange for my medical care, to seek and receive payment for services given to me, and for the business operations of this practice, its physicians and staff.

I consent that this practice may call me at home or other designed locations and leave a message on my answering machine, voice mail or in person in reference to appointment reminders and insurance items.

I designate the following representative(s) who Dimitry Rabkin, M.D., P.C. can communicate with on my behalf. If I do not designate anyone, the doctor will not be able to speak to anyone in my family regarding my medical condition.

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Name Relationship

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Signature of Patient or Legal Guardian

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Print Name of Patient or Legal Guardian Date

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Print Legal Guardian's Name