



2125 RIVER ROAD, SUITE 100
NISKAYUNA, NEW YORK 12309
TEL: 518-836-3030
FAX: 518-836-3020

A Touch of Healing

THOMAS L. GOODMAN, M.D. | RANA BITAR JACOB, M.D. | JESSICA WALSH PA-C

Acknowledgement of Receipt of Notice of Privacy Practices

Upstate Hematology Oncology is committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. This Notice of Privacy Practices identifies all potential uses and disclosures of your health information by our practice and outlines your rights with regards to your health information. Please sign the form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices of UHO

Name: _____

Signature: _____

Name of Personal Representative (if appropriate):

Signature of Personal Representative (if appropriate):

Date: _____

UHO Use Only:

Date acknowledgement received: _____

-Or-

Reason acknowledgement was not obtained:

