



NASSAU RADIOLOGIC GROUP PC & AFFILIATES

LONG ISLAND RADIATION THERAPY



Long Island P.E.T. Imaging



Notice of Privacy Practices Patient Acknowledgement of Receipt of Notice

This is to acknowledge that I have received and reviewed **NRAD-Nassau Radiologic Group, P.C. and affiliates'** Notice of Privacy Practices.

Patient's Signature _____ *Date* _____

Personal Representatives Form

I, _____ permit NRAD-Nassau Radiologic Group, P.C. to provide my health information (*up to and including film pick-up and/or billing information*) to the following "personal" individuals on my behalf:

NAME

RELATIONSHIP

I understand that if I ever wish to revoke the right of a personal representative to obtain my health information on my behalf, I must notify NRAD-Nassau Radiologic Group, P.C. in writing that the individual is no longer my personal representative.

Patient's Signature _____ *Date* _____