



NASSAU RADIOLOGIC GROUP & 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 and affiliates'** Notice of Privacy Practices.

*Patient's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

### Personal Representatives Form

I, \_\_\_\_\_ permit NRAD-Nassau Radiologic Group 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 in writing that the individual is no longer my personal representative.

*Patient's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_