

**BRG DIETETICS & NUTRITION, P.C.**  
**Bonnie R. Giller, MS, RD, CDN, CDE**  
**383 Plymouth Street**  
**West Hempstead, NY 11552**  
**516-486-4569**

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

**ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name (Print) \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

I attempted to obtain the patient's signature on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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