



Ran Y. Rubinstein, MD

200 Stony Brook Court
Newburgh, New York 12550

PATIENT ACKNOWLEDGEMENT OF DISCLOSURE INFORMATION

My signature below acknowledges the following:

- I have received a copy/am aware of the **Patient Bill of Rights**; as required by law and have had an opportunity to receive assistance in understanding and exercising these rights.
- I have received a copy/am aware of this office's **Notice of Privacy Practices**, including the **Private Health Information (PHI)** designated at the time of visit.
- I have received information on/am aware of the **Speak Up Program** Campaign.
- I have received information on/am aware of the **Infection Control measures** utilized by this organization.
- I have received information on/am aware of the **Safety Measures** taken by this organization when a procedure is planned.
- I have received a copy/am aware of the **Practice Disclosure** (about our Practice, including the Grievance process) and am comfortable with that information. I also understand this practices position on Do Not Resuscitate (DNR) and Living Wills and that this practice does not honor these directives.

Signature of Patient/Representative _____ **Date** _____

Above signature was not obtained because:

- Patient is unable and unaccompanied by a representative. Patient left with all pertinent disclosures.**
- Patient refused to sign.**
- Patient refused forms.**

*Additionally, please be advised that this organization does not recognize Do Not Resuscitate orders or Living Wills.
If you have any questions, please see the receptionist.*