

Ariella Soffer, Ph.D.
240 Central Park South, 8C
New York, NY 10019
(646) 300-5095

**PATIENT ACKNOWLEDGEMENT
OF
THE NOTICE OF PRIVACY PRACTICES**

PATIENT NAME:

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices of
Ariella Soffer, Ph.D.

Signature of Patient (or authorized representative)

Name of Patient (please print)

Date