



# MOKHTAR ASAADI, M.D., F.A.C.S.

## ASAADI PLASTIC SURGERY

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620 PARK AVENUE | NEW YORK, NY | 10065

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

**Notice to Patient:**

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of this Notice. You may refuse to sign this acknowledgement if you wish.

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I acknowledge that I have received a copy of this office's Notice of Privacy Practices.

Please print your name here:

Signature:

Date:

#### FOR OFFICE USE ONLY:

We have made every effort to obtain written acknowledgement of receipt of our Notice of Privacy from this patient but could not be obtained because:

The Patient refused to sign

Due to an emergency situation it was impossible to obtain

We were not able to communicate with the patient

Other (Please provide details)

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Employee Signature:

Date: