

Jeffrey Farkas MD LLC
DBA Interventional Neuro Associates

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Jeffrey Farkas, MD, LLC
DBA, Interventional Neuro Associates

HIPAA- Health Insurance Portability and Accountability Act

Dear Patient:

As required by privacy regulation mandated by HIPAA – Health Insurance Portability and Accountability Act, we are providing you with our notice of Privacy Practices. We like to assure you we are fully committed to protecting your privacy. Please acknowledge receipt of Jeffrey Farkas, MD, LLC’s notice of Privacy Practices by signing your name below.

I acknowledge receipt of Jeffrey Farkas, MD, LLC, DBA, Interventional Neuro Associates Notice of Privacy Practices.

Signature of Patient

Date