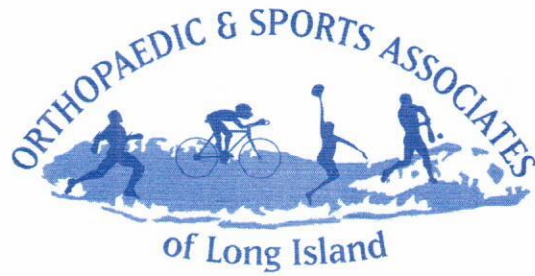


John J. Leppard, M.D., F.A.A.O.S., F.A.C.S.  
*Certificate of Added Qualification in Surgery of the Hand*  
Lee M. Kupersmith, M.D., F.A.A.O.S.  
Jonathan R. Mallen, M.D., F.A.A.O.S.

John P. Downey, *Administrator*



*Board Certified • Fellowship Trained*

- Hand, Upper Extremity & Shoulder
- Hip & Knee Replacement
- Arthroscopy & Sports Medicine
- Ankle & Knee Disorders
- General Orthopaedics Pediatric & Adult
- Back & Neck Pain

## RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_ have been made aware of  
**Patient name**

**Orthopedic and Sports Associates of Long Island's Notice of  
Privacy Practices.**

**\*I hereby authorize Orthopedic and Sports Associates physicians  
and or employees to discuss and / or provide information regarding  
my diagnosis, tests, and treatment plan to the following:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Signature of patient**

\_\_\_\_\_  
**Date**