

**NEPHROLOGY ASSOCIATES OF SYRACUSE, P.C.**

Robert L. Scheer, MD	Theresa A. Moore, RN, NP	Dorothy L. Schneider,
Kenneth R. Green, MD	Marcia H. Ryder, RN, NP	CPAM, Chief Operating
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Richard T. Kopecky, MD	Susan Waite, RN, NP	
Scott C. Reinhart, MD	Jackie Spencer, RN, NP	
Adebowale O. Oguntola, MD		
Philip T. Ondocin, MD		
Matthew G. Chaffin, MD		

**ACKNOWLEDGEMENT OF PRIVACY PRACTICES:**

Nephrology Associates of Syracuse, P.C. reserves the right to modify the privacy practices outlined in the notice.

**Signature.**

I have received a copy of the Notice of Privacy Practices for Nephrology Associates of Syracuse, P.C.

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**Name of Patient (Print or Type)**

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**Signature of Patient**

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**Date**

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**Signature of Patient Representative**

**(Required if the patient is a minor or an adult who is unable to sign this form)**

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**Relationship of Patient Representative to Patient**