

NEW JERSEY MEDICAL SCHOOL

University OF Medical & Dentistry Of New Jersey

NEW JERSEY MEDICAL SCHOOL ACKNOWLEDGEMENT OF RECEIPT NOTICE OF PRIVACY PRACTICE

We keep record of the health care services we provide for you. You may ask to see and copy that record. You may also ask us to correct that record. We will not reveal your records to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting our office's Practice Administrator/Manager. Our Notice of Privacy Practices describes more in detail, how your health information may be used and revealed, and how you can obtain your information.

* You May Refuse to Sign This Acknowledgement *

I, _____, have received a copy of this Office Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only

We attempted to obtain a written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)

Employee's Signature and Date _____