Patient Acknowledgment of Receipt of Notice of Privacy Practices

Please Print

I.

, hereby acknowledge that I have reviewed and received a copy

of this office's Notice of Privacy Practices explaining:

- How this office will use and disclose my protected health information.
- My privacy rights with regard to my protected health information.
- This office's obligations concerning the use and disclosure of my protected health information.

I understand that the *Notice of Privacy Practices* may be revised from time to time and that I am entitled to receive a copy of any revised *Notice of Privacy Practices* upon request.

I also understand that if I have any questions or complaints, I may contact:

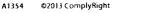
<u>Crossroads</u> Medical (aroup	Office Manager
975 Clifton Are	
Clifton, NJ 07013	P 973-778-86666

You may also contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Please contact our office for information on how to contact the U.S. Department of Health and Human Services.

For Office Use Only	
We made a good-faith effort to obtain an acknowledgment of	
\Box Patient refused to sign (date of refusal)	
Communications barriers prohibited obtaining an acknowledgment.	
□ An emergency situation prevented us from obtaining an acknowledgment.	
□ Other	
Attempt was made by:	Date:/

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

COMPLY RIGHT or inability to use this product. You are urged to const Important note: This is approved for use by the purch



Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.

