

ACKNOWLEDGEMENT OF PRIVACY PRACTICE NOTICE

NJ Spine and Orthopedic will make every attempt to ensure the confidentiality of your Protected Health Information (PHI) as set forth by HIPPA.

You have the right to be notified of our Privacy Policies. Notice is posted in the main lobby area of our waiting room. You also have the right to receive a written policy of the Privacy practices from NJ Spine and Orthopedic.

I have read and understand the above notice. I understand I have the right to request a written policy from NJ Spine and Orthopedic.

Patient's signature: _____

Date: _____

Witness: _____

Date: _____

Name the people and/or organizations that you are authorizing to receive and use your protected Health Information.
