

219 Old Hook Road, Westwood, NJ 07675  
Phone: 201-666-8787 Fax: 201-358-6686

163 Engle Street, Building 1B, Englewood, NJ 07631  
Phone: 201-569-6789 Fax: 201-569-6709

### **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have been advised that a copy of the Notice of Privacy Practices is available in the waiting room. I acknowledge that I may request a copy of the Notice of Privacy Practices for Northern Valley ENT. I agree by providing any contact phone numbers that it is okay to leave messages regarding my care in this office, including but not limited to test results. I may also receive mail related to my treatment at the address provided.

Print Patient Name: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

You may release medical information to:

- Parent \_\_\_\_\_
- Child \_\_\_\_\_
- Spouse \_\_\_\_\_
- Other \_\_\_\_\_

If person signing is not the patient, please print your name and relationship to patient:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

I \_\_\_\_\_ request a copy of the Notice of Privacy Practices: Yes\_\_No\_\_

For Office Use:

If patient /representative requested copy of Notice, date copy was provided: \_\_\_\_\_

If no acknowledgement could be obtained, state reasons why and the efforts taken to try to obtain acknowledgement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_