



285A Pascack Road
Washington Township, NJ 07676
201-358-9200 (P) 201-358-9201 (F)

NOTICE OF PRIVACY PRACTICES

I understand that, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among multiple healthcare providers that may be involved in my treatment directly and/or indirectly.
- Obtain payment from third party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I understand that my personal health information WILL NOT be shared with any other parties without my written consent.

I have read and understand the Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice from time to time and that I may contact them at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may also request in writing that you restrict how my personal health information is used or disclosed to carry out treatment, payment or healthcare operations. I also understand that request to forward my medical records to another treating physician other than my referring physician must be made in writing.

Patient Name (please print): _____

Date:

Patient Signature:

Guardian Name (if patient is under 18 years old):

Guardian Signature: