

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from

Medicine & Nephrology Associates of Northwest Jersey, P.C.

Signature: _____

Date: _____

In lieu of patient signature, I,

_____, a staff member of **Medicine & Nephrology Associates of Northwest Jersey, P.C.** state that

_____ has been given our current Notice of Privacy Practices.

Signature: _____

Date: _____