



New Jersey Medical School

## Acknowledgement of Receipt of Notice of Privacy Practices

Rutgers Health is a comprehensive academic health care provider organization. We, at Rutgers Health, understand that information about you and your health is personal. We are therefore committed to and required by law to keep your health information private and to tell you: 1) how we keep your personal health information private; and, 2) what you are allowed to ask for regarding your health information. We will not use or tell others about your health information except as described in our Notice of Privacy Practices or as may be required by law.

This acknowledgement applies to all of the health information maintained by our schools, departments, our centers and institutes, which collectively are referred to as Rutgers Health, as well as any affiliates that are part of an Affiliated Covered Entity with Rutgers Health, such as University Physician Associates of New Jersey, Inc., and all Faculty Practice plans. A complete list of centers and institutes are outlined in the Notice.

Our Notice of Privacy Practices describes in detail, how your health information may be used and revealed, and how you can obtain your information. Our Notice is available for viewing online at [RutgersHealth.org](http://RutgersHealth.org) or a printed copy can be provided to you upon request.

*(You may refuse to sign this acknowledgment)*

I acknowledge that I have received/reviewed a copy of the Rutgers Health Notice of Privacy Practices.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Patient's Signature or Personal Representative's Signature*

\_\_\_\_\_  
*If personal representative, describe relationship.*

**FOR OFFICE USE ONLY**

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement.
- Other *(Please provide specific details)*

\_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*