

HIPPA Notice of Privacy Practices Acknowledgement of Receipt

University Hip and Knee Orthopaedic Specialists LLC
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Telephone: (609) 655-1818 Fax: (609) 655-1814

By signing this document, I acknowledge that I was provided with the Notice of Privacy Practices of University Hip and Knee Orthopaedic Specialists LLC.

Print Name of Patient: _____ Date _____

Signature of Patient: _____

For Personal Representative or Responsible Party of the Patient (if applicable)

Print Name of Personal Rep or Responsible Party: _____ Date _____

Signature of Personal Rep or Responsible Party: _____

For Practice Use Only:

Date acknowledgment received: _____

Or

Reason acknowledgment was not obtained:
