GARDEN STATE
ORAL SURGERY GROUP
gardenstateos.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I Understand that, under the Health Insurance Portability & 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 the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I have received, read, and understand your 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 of Privacy Practices from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

_____

Patient Name

_____

Relationship to Patient

_____ _____

Signature Date

FOR OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on this *Notice of Privacy Practices Acknowledgement*, but was unable to do so as documented below:

- ☐ Individual refused to sign
- ☐ Communications barriers
- ☐ Emergency situation
- ☐ Other (Please Specify): _____

_____

_____

_____ _____

Signature Date

Bayonne Oral Surgery
925 Broadway
Bayonne, NJ 07002
(201) 858-1400
bayonne@gardenstateos.com

Oral & Maxillofacial Surgery Institute
67-73 Fillmore St
Newark, NJ 07105
(973) 643-1130
newark@gardenstateos.com