

HUNTERDON FAMILY PHYSICIANS

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Notice of Privacy Practices Acknowledgement & Patient Bill of Rights Acknowledgement

By signing, I acknowledge that I am aware of the existence of the Notice of Privacy Practices brochure and Patient Bill of Rights brochure offered by Hunterdon Family Physicians. Such brochures are located in the patient waiting room and available for me to read.

I also understand that I may obtain a copy of each brochure from Hunterdon Family Physicians if I choose.

PRINT Patient Name

Date of Birth

SIGNATURE Patient/Guardian

Date