PATIENT ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES NOTICE

I, ______________________________________,hereby acknowledge that I have reviewed and had the opportunity to receive a copy of Montclair Radiology's Notice of Privacy Practices explaining:

- How Montclair Radiology will use and disclose my Protected Health Information.
- My privacy rights in regard to my Protected Health Information.
- Montclair Radiology's obligation concerning the use and disclosure of my Protected Health Information.

I understand that the Notice of Privacy Practices may be revised from time to time and that I am entitled to receive a copy of any revised Notice of Privacy Practices upon request.
I also understand that if I have any questions or complaints, I may contact:

Montclair Radiology, ATTN: Privacy Officer, Telephone: 973-284-0038.

You may also contact the Secretary of the U.S. Department of Health and Human Services with any concerns regarding our privacy and security policies and procedures. Please contact our office for information on how to contact the U.S. Department of Health and Human Services.

Patient or Personal Representative **Signature**____

Date _____/_____/______

For Office Use Only:
We made a good faith effort to obtain an acknowledgment of ______________________________ receipt of our Notice of Privacy Practices. In spite of these efforts, our office has been unable to obtain a signed acknowledgment of receipt for the following reasons:
Patient refused to sign (date of refusal)____/____/_____
Communication barriers prevented obtaining acknowledgment.
An emergency situation prevented us from obtaining acknowledgment.
Other____
Attempt was made by:____Date_____/_____/______

In addition to myself and my physician, I hereby authorize the following individual access to my records:

______ All Records ______ Medical Records Only ______ Billing Records Only

Name: ____ Relationship: ________________

Address: ____ Telephone: _________________

Signature: ____ **Date:** ______________________

This authorization is valid for 1 year or can be revoked at any time in writing.

Updated 02/19