

Advanced Medical Spa and Laser Center

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have been offered a copy of Hunterdon Digestive Health Specialists Notice of Privacy Practices and that Hunterdon Digestive Health Specialist may use and disclose my health information as described in the notice.

ACKNOWLEDGMENT OF NOTICE OF PATIENT'S RIGHTS

I hereby acknowledge that I have been offered a written copy of the "Rights of Each Patient" adopted by the New Jersey Department of Health for ambulatory care facilities and a written or verbal explanation of these rights

I further acknowledge that I understand the explanation given to me by the rights.

Print name of patient (or Personal Representative)

Date

Signature of Patient (or Personal Representative)

Relationship of Personal Representative