GANJ
GASTROENTEROLOGY
ASSOCIATES OF NEW JERSEY

1130 McBride Avenue • 3rd Floor
Woodland Park, New Jersey 07424

N101
Gastroenterology Associates of New Jersey
Notice of Privacy Practices

Patient Name: _____ Date of Birth:_____

Date _____ / _____ / _____

The Notice of Privacy Practices describes how Protected Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

GANJ is required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice, which describes the health information privacy practices of our practice, its medical staff, and affiliated health care providers that jointly perform payment activities and business operations with our Practice. "Protected Health Information" is information about you, including demographic information, that may identify you and genetic information, and that relates to your past, present or future physical or mental health or condition and related health care services.

I hereby acknowledge that I have received from Gastroenterology Associates of New Jersey, LLC ("GANJ") a copy of the Notice o f Privacy Practices of GANJ. I understand that the Notice of Privacy Practices sets forth my rights relating to the use and disclosure of my personal health information and explains how GANJ can use and disclose my personal health information both with and without my authorization. I further understand that I may contact GANJ's Privacy Officer if I have any questions regarding the contents of this Notice or to file a complaint.

_____
Signature of Patient/ Health Care Agent/ Guardian/ Relative
(This signature indicates having received a copy of the Notice of Privacy Practices.)

☐ Patient is unable to sign due to medical reasons
☐ Patient refuses to sign
☐ Other (Please Explain)

This Acknowledgement Form will become part of your permanent medical record.