



North Jersey Professional Rehabilitation, LLC
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PRIVACY ACT NOTIFICATION

Date: ____ / ____ / ____

I, _____

(patient or guardian) I requested and received a copy of the "Notice of Privacy Practices" and have read and understand the policy.

(patient or guardian) I have declined a copy of the "Notice of Privacy Practices" Policy as I am already aware and understand its contents.

Please print the Privacy Act Notification form and sign on the line below indicated by the "X", thank you.

X

Patient or Guardian