

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

**\*\* You May Refuse to Sign This Acknowledgment \*\***

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for Dr. Paulussen. A copy of this signed, dated Acknowledgement shall be as effective as the original.

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Please sign your name

\_\_\_\_\_  
Date of your signature

If you are the legal representative of the patient, please print the patients' name(s) and describe your authority  
\_\_\_\_\_.

Thank you and if you have any questions about this form or the attached Notice, please contact our privacy officer,  
at:

Privacy Officer for Dr. Paulussen  
354 Route 46 West Suite 1A  
Hackettstown, NJ 07840  
Phone: (908) 850-4200

**Office Use Only**

As privacy officer, I attempted to obtain the patient's (or representative's) signature on this Acknowledgment but did not because:

- It was emergency treatment \_\_\_\_\_
- I could not communicate with the patient \_\_\_\_\_
- The patient refused to sign \_\_\_\_\_
- The patient was unable to sign because \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

\_\_\_\_\_  
Signature of privacy officer