

# HOLISTIC NATUROPATHIC CENTER

**Glenn B. Gero, N.D., R.N.C., M.H., C.E.S, C.L.C.**

**Board Certified Doctor of Naturopathy**

**256 Colfax Avenue, Clifton, NJ 07013**

**P: 973-471-5758 F: 973-471-1776 E: Njnaturaldoc@aol.com**

*www.holisticnaturopath.com*

## **Acknowledgement Form Notice of Privacy Practices and Release of Medical Records**

### **Please Review Carefully**

By law, we are required to provide you with our Notice of Privacy Practices (NPP) This notice describes how your medical information may be used, obtained or disclosed by us. It also tells you how you can obtain access to this information.

#### **As a patient, you have the following rights:**

1. The right to inspect and copy your own information
2. The right to request corrections to your information
3. The right to request that your information be restricted
4. The right to request confidential communication
5. The right to a report of disclosures of your information
6. The right to a paper copy of this notice

We want to assure you that your medically protected health information is secure within. This notice contains information about how we will ensure that your information remains private.

### **Acknowledgement of Notice of Privacy Practices**

I, hereby, acknowledge that I have been made aware of this practice's Notice of Privacy Practices. I understand that if I have questions or complaints regarding my privacy rights, I may contact the office manager. I further understand that the practice will offer me updates to the Notice of Privacy Practices should it be amended, modified or changed in any way. Additionally, I agree to access of my medical records from other providers as they may be pertinent to my case.

\_\_\_\_\_  
Patient's or Representative's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's or Representative's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_(sign), approve the release of my medical records to Dr. Glenn B. Gero at the Holistic Naturopathic Center.