



**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM.**

I, \_\_\_\_\_ have received a copy of Neurology Group of Bergen County's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient

Date: \_\_\_\_\_

**PLEASE USE THE SECTION BELOW IF SIGNING ON BEHALF OF A MINOR OR  
AS A LEGAL GUARDIAN .**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Patient

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

***PATIENT/GUARDIAN TO BE PROVIDED WITH A SIGNED COPY OF  
AUTHORIZATION***