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HIPAA Notice of Privacy Practices Acknowledgement Form

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak to our HIPAA compliance officer in person or by phone at our main office phone number.

The signature below is only acknowledgement that you have read our notice of privacy practices. A copy can be obtained for your records upon request.

Print Name: _____

Signature: _____ Date: _____