



113 W. Essex St Suite 201 Maywood, NJ 07607  
(P) 201-226-0145 (F) 201-226-0147  
[patientinfo@restorationortho.com](mailto:patientinfo@restorationortho.com)

### Notice of Privacy Practices

Restoration Orthopaedics keeps record of the healthcare services we provide you. You may ask to see and copy that record. You may also ask us to correct that record. We will not reveal your records to others unless you direct us to do so or unless the law authorizes or tells us to do so. You may see your record or get more information about it by contacting our office's practice manager.

### Acknowledgement of Receipt of Privacy Practice

I, \_\_\_\_\_ received a copy of the Office's Notice of Privacy Practice.

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

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgment could not be obtained because:

Individual refused to sign

An emergency situation prevented us from obtaining acknowledgement

Other

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_