

**Impact Health, LLC**  
**4 2<sup>nd</sup> Avenue Suite 106**  
**Denville, NJ 07834**

Phone: (973) 263-0683     [www.impacthealthnj.com](http://www.impacthealthnj.com)

**Notice of Privacy Practices**  
**Receipt and Acknowledgment of Notice**

Patient/Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby acknowledge that I have received and have been given an opportunity to read a copy of \_\_\_\_\_ Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact the Privacy Officer at

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Patient/Client

\_\_\_\_\_  
Signature or Parent, Guardian or  
Personal Representative\*

\_\_\_\_\_  
Date

\*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date