



Endocrinology Associates

OF PRINCETON, LLC thyroid
diabetes
hormonal disorders
nutrition support

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES OF ENDOCRINOLOGY ASSOCIATES OF PRINCETON, LLC.

By signing this acknowledgement, I am acknowledging that Endocrinology Associates of Princeton, LLC provided to me information about its “Notice of Privacy Practices.”

I was given the opportunity to ask questions about the privacy practices and my questions were answered.

I received a copy of the “Notice of Privacy Practices” for the following organizations:

Endocrinology Associates of Princeton, LLC

Signed by: _____
Signature of patient of legal guardian

Relation to patient

Patient’s Name (Print)

Date

Witness

Date