

# GRACE MEDICAL GROUP, LLC

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## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Practice Manager/Privacy Officer  
Esther Sanusi (848)236-5091

I hereby acknowledge that I received a copy of Grace Medical Group's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

PRINT NAME: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

Conservator or Guardian of an incompetent patient

Name and Address of Patient: \_\_\_\_\_