



*Affiliates  
In  
Internal  
Medicine*

**Deborah L. Neiman, M.D.**

**Lin W. Chou, M.D.**

**Debra Sutton, NPC**

311 Omni Dr. / Hillsborough, New Jersey 08844 / Tel: 908-281-0632 / Fax: 908-281-9848

49 Route 202 / Far Hills, New Jersey 07931 / Tel: 908-470-9377 / Fax: 908-719-1091

[WWW.AIIMNJ.COM](http://WWW.AIIMNJ.COM)

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Acknowledgement of Notice of Privacy Practices**

I have acknowledged this practice's Notice of Privacy Practices in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or collected by this practice. I understand I can obtain this practice's current Notice of Privacy Practices on request.

**Acknowledgement of AIIM's Office Policies**

I have reviewed AIIM Office Policies, specifying policies. I understand that it is my responsibility to comply with the policies.

**Copies given upon request**

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

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

\_\_\_\_\_  
Relationship to patient (if signed by a personal representative of patient)