

**NOTICE OF PRIVACY POLICY**  
**PROSTHODONTIC ASSOCIATES OF NEW JERSEY PA**

**AVAILABLE UPON REQUEST:**

**EVERY PATIENT MUST SIGN**

**I CERTIFY THAT I HAVE RECEIVED NOTICE OF PRIVACY POLICY**

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

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**