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**RECEIPT OF NOTICE OF PRIVACY PRACTICES
 WRITTEN ACKNOWLEDGEMENT FORM.**

I, _____, have received a copy of Bruneau Family Care’s Notice of
Patient Name
 Privacy Practices.

The Practice may contact me about appointments and results (labs, x-ray, etc.) with the following checked methods and instructions:

Bruneau Family Care prefers to contact our patients via patient portal. Please indicate if we are able to contact you through our patient portal which requires your email to allow you to review your results online. Bruneau Family Care prefers to contact patients via text messaging for confirmation of appointments.

Communication	Leave Message Y/N	Email, Number or Address
Patient Portal/Email <i>Preferred for results.</i>	Yes/No	
Home Phone	Yes/No	
Work Phone	Yes/No	
Cell Phone	Yes/No	
Mail	Yes/No	
Text Messaging for Confirming Appts	Yes/No	
Special Instructions		

 Signature of Patient/Parent or Guardian

 Date