



**BRUNEAU**  
FAMILY CARE, P.C.

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• 856.638.1990 • Fax 856.583.0359  
• www.bruneaufamilycare.com

**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 email with results. Please indicate if we are able to contact you through email.

<b>Communication</b>	<b>Leave Message Y/N</b>	<b>Address or Number</b>
<b>Email</b> <i>Preferred for results.</i>	Yes/No	
<b>Home Phone</b>	Yes/No	
<b>Work Phone</b>	Yes/No	
<b>Cell Phone</b>	Yes/No	
<b>Mail</b>	Yes/No	

Special instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date