

**Gregory C. Thomas, D.C., B.C.A.O.**  
305 West Grand Avenue Suite 500, Montvale, New Jersey 07645  
(201)391-8282

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**ACKNOWLEDGMENT OF RECEIPT OF OFFICE AND PRIVACY PRACTICES**

**PLEASE BE ADVISED THAT YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT**

My signature at the end of this sentence acknowledges that I have been offered a printed copy of this offices privacy practices.

\_\_\_\_\_ *Print Name*                      \_\_\_\_\_ *Patient Signature*                      \_\_\_\_\_ *Date*

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**ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY AND  
INSURANCE RELEASE**

I, \_\_\_\_\_, understand that this office does **NOT** participate with any  
*Print Name*  
insurance company.

I am providing my insurance identification card and request that a photocopy of the card be retained in my permanent file for use in submitting medical claims to my insurance carrier. I authorize the release and transmission of my medical records as required by my insurance carrier in order for them to process claims.

Further, I understand that payment for treatment remains my sole responsibility, I authorize this office to receive and accept payment directly from my insurance carrier and I understand that these payments will be applied to my account balance. should I receive reimbursement checks from my insurance carrier, I will promptly endorse and forward them to Dr. Thomas.

\_\_\_\_\_ *Patient Signature*                      \_\_\_\_\_ *Date*

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**ACKNOWLEDGEMENT OF PATIENT REFERRALS**

Dr. Thomas acknowledges his gratitude to our patients by posting their name in our waiting area when they refer a new patient. **Your signature below authorizes us to post your name for this purpose.**

\_\_\_\_\_ *Patient Signature*                      \_\_\_\_\_ *Date*

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**OFFICE USE ONLY**

Our attempt to obtain written consent of the offer and receipt of a copy of our Notice of Privacy Practices was unsuccessful because:

- \_\_\_\_\_ Patient refused to sign acknowledgement
- \_\_\_\_\_ Barriers in communication
- \_\_\_\_\_ Other \_\_\_\_\_