



**BRUNEAU**  
FAMILY CARE

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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. For results (labs, x-rays, etc.), we prefer to contact our patients via phone call. For confirming appointments, we prefer to contact our patients via text message. Please indicate below which methods of communication you allow.

**Home Phone:** \_\_\_\_\_

Is this your preferred phone? Yes \_\_\_ No \_\_\_

May we leave a voicemail? Yes \_\_\_ No \_\_\_

**Cell Phone:** \_\_\_\_\_

Is this your preferred phone? Yes \_\_\_ No \_\_\_

May we leave a voicemail? Yes \_\_\_ No \_\_\_

May we text you for appointment confirmations? Yes \_\_\_ No \_\_\_

**Email:** \_\_\_\_\_

Would you like access to the Patient Portal? Yes \_\_\_ No \_\_\_

**Billing Address:** \_\_\_\_\_

**Please write the full name and phone number of someone we can speak to on your behalf (if you would prefer that we do not to speak to anyone, please write “N/A”):**

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

Phone Number: \_\_\_\_\_

**\*ALL FIELDS MUST BE COMPLETED\***

\_\_\_\_\_  
Signature of Patient/Parent or Guardian

\_\_\_\_\_  
Date