



Mahwah Valley Orthopedic Associates

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Diplomate American Board of Orthopaedic Surgery
Fellow of the American Academy of Orthopaedic Surgeons
Fellowship Training in Total Joint Replacement and Surgery of the Knee and Hip

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Notice of Privacy Practices Patient Acknowledgement

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Date of Birth: _____

I have received this practice's Notice of Privacy Practices written in plain language. The Notice provides the uses and disclosures of my protected health information that may be made by Mahwah Valley Orthopedic Associates, my individual rights and Mahwah Valley Orthopedic Associate's legal duties with respect to my protected health care information.

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