



**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY POLICIES**

PRIVACY OFFICER: REBECCA SAVINO, PRACTICE ADMINISTRATOR (203) 755-9355

PATIENT'S NAME: _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **PHONE:** (_____) _____ - _____

If not signed by the patient, please indicate your relationship to the patient: _____

***** **FOR OFFICE USE ONLY** *****

Signed form received by: _____

Acknowledgment of refused:

“Good Faith” Efforts to obtain:

Reasons for refusal:

