

Acknowledgement of Receipt of Notice of Privacy Practices

Alan J. Sholomskas M.D.
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Hamden, CT 06511
203-776-2077

Alan J. Sholomskas M.D., Privacy Officer

Name of Patient: _____

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.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

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

For Office Use Only:

í Signed form received by: _____

í Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

