

Acknowledgement of Receipt of Notice of Privacy Practices

Diane E. Sholomskas Ph.D.
203-776-2077

Diane E. Sholomskas Ph.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:

