



**Pediatric
Associates
of Conn., P.C.**

160 Robbins St
Waterbury, CT 06708

299 Main Street South
Southbury, CT 06488

(203) 755-2999

Written Acknowledge of Receipt of Notice of Privacy Practices

Patient Name: _____ Date of Birth: _____

“ I hereby acknowledge that I have received a copy of this practice’s NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact the Privacy Officer. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified or changed in any way.”

Patient Signature: _____ Date: _____

Signature of Patient’s Representative: _____ Date: _____

FOR OFFICE USE ONLY

TO BE COMPLETED BY PRACTICE IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGE FROM THE PATIENT.

- Patient refused or declined to sign this written acknowledgement.
- Patient could not understand the request to sign written acknowledgement.
- Other reason : (please specify)

Employee Signature: _____ Date: _____

Employee Title : _____

Notes: