

Written Acknowledgement of Receipt of Notice of Privacy Practices

Last Name

First Name

Date of Birth

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I understand that if I have any further questions or complaints I may contact:

Plancher Orthopaedics & Sports Medicine
203-863-2003

I also understand that I am entitled to receive updates upon my request if the Plancher Orthopaedics & Sports Medicine Notice of Privacy Practices is amended or changed in a material way.

Signature

Relationship to Patient

Date

TO BE COMPLETED BY COVERED ENTITY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

On, _____, I attempted to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above-name patient, but was unable to because:

___ Patient declined to sign this Written Acknowledgement

___ Patient did not understand the request to sign the Written Acknowledgement

___ Other (specify) _____

Name and Title of Employee

Date