

NOTICE OF PRIVACY PRACTICES Acknowledgment of Receipt

This document is to be signed by a person legally responsible for the following patients' medical decisions:

PATIENT NAME

I, _____, hereby acknowledge that New England Pediatrics has provided me with a copy of its Notice of Privacy Practices that describes how medical information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

PRIVACY CONTACT: Patti Delaney 203.972.5232

I also understand that I am entitled to receive updates upon request if New England Pediatrics amends or changes its Notice of Privacy Practices in a material way.

Patient Signature: _____

Date: _____

This section is to be completed by New England Pediatrics if unable to obtain written acknowledgement from patient

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

Patient declined to sign this written acknowledgment.

Other (Specify) _____

Name of Employee _____

Title of Employee _____

Date _____