

	60 Temple Street - Suite 5A
	New Haven, CT 06515
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	Privacy Official: Lita Silverman

Notice of Privacy Practices Receipt

I acknowledge that I was provided with the Notice of Privacy Practices of the Medical Practice named at the top of this page.

Print Name of Patient: _____
Signature of Patient: _____
Date: _____
Patient's Date of Birth: _____
Patient's ID/Chart Number: _____

For Personal Representative of the Patient (if applicable)

Print Name of Personal Representative: _____
Describe Personal Representative: _____
Relationship (parent, guardian, etc): _____
Signature of Personal Representative: _____
Date: _____

For Practice Use Only:

Signature of Practice Employee

Date