

| | |
|---|----------------------------------|
|  | 60 Temple Street - Suite 5A |
| | New Haven, CT 06515 |
| | Tel: 203.772.0650 |
| | 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: _____

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:

D. Amato _____

Signature of Practice Employee

Date