

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME _____

DATE OF BIRTH _____

I, _____, have received, or have had the opportunity to receive, the Notice of Privacy Practices from Waterbury Orthopaedic Associates, P.C.

X _____
Patient (or personal representative) signature Date _____

X _____
Relationship to patient if personal representative

TO BE COMPLETED IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

On _____ I attempted to obtain a written acknowledgement of receipt of the Notice of Privacy Practices, but was unable to do so.

- Patient declined to sign this Written Acknowledgement
- Patient did not understand the request to sign the Written Acknowledgement
- Other: _____

X _____
Staff member name and title