

PARTNERS IN PRIMARY CARE, LLC

**Acknowledgment of Receipt of Notice of
Privacy Practices**

1358 Boston Post Rd. Unit 1
Old Saybrook, CT 06475
(860) 510-0792

Name of Patient: _____ Date of Birth: _____

I hereby acknowledge that I received a copy of Privacy Practices of this medical practice. I further acknowledge that a copy of the current notice will be posted in the reception area and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate your relationship to the patient: _____

For Office Use Only:

_____ Signed form received by _____

_____ Acknowledgment refused. Efforts to obtain: _____

Reasons for refusal: _____
