



173 East Avenue, New Canaan, CT 06840

Acknowledgment of Receipt of Notice of Privacy Practices

I, _____ hereby acknowledge that **New Canaan 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 203-972-4240.

I also understand that I am entitled to receive updates upon request if New Canaan Pediatrics amends or changes its Notice of Privacy Practices.

_____	_____	_____
Signature	Print Name	Today's Date
_____	_____	_____
Relationship to Patient if signed by someone other than patient.	Patient Name	DOB

THIS SECTION IS TO BE COMPLETED BY NEW CANAAN PEDIATRICS IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT 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 the Written Acknowledgment.
- Other (specify): _____

Name & Title of Employee