

CRESCENT STREET OB/GYN, LLC
Written Acknowledgement of Receipt
of Notice of Privacy Practices

Patient Name: _____
Date of Birth: _____

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I understand that if I have further questions I may contact:

Sandra Giannini
860-346-7243

I also understand that I am entitled to receive updates upon request if Crescent St. Ob/Gyn, LLC Notice of Privacy Practices is amended or changed in a material way.

Signature

Relationship to Patient

Date

On _____, I attempted to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

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

Name and title of employee.

Date