

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:

The Office Administrator or Jodie Dube
860-344-9993/860-346-7243

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