

Acknowledgement of Receipt of Notice of Privacy Practices

The Center for Women's Health in Connecticut
60 Westwood Avenue, Suite 100
Waterbury, CT 06708
P: 203-573-1425

Name of Patient: _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy and that I may request a copy of any amended Notice of Privacy.

Signed: _____ Date: _____

Print Name: _____

If not signed by patient, please complete below:

Relationship to Patient: Check below

Parent Legal Guardian Conservator Patient's Representative

For Office Use Only:

Acknowledgment refused:

Efforts to obtain: _____

Reasons for refusal: _____



Women's Health
Connecticut

The Center for Women's
Health In Connecticut
Member of Women's Health Connecticut