ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
Hamden Pediatrics, P.C.

We are required by State and Federal laws, including HIPAA Rules, to safeguard general and health-related information about you. We have created a Notice of Privacy Practices that explains how your protected health information is handled. The Notice of Privacy Practices is provided to patients (and/or their authorized representatives) when they first become our patient.

We are asking you to sign this form to show that we offered you a copy of our Notice of Privacy Practices. By signing below, you are only acknowledging that you were offered or received a copy of the Notice of Privacy Practices. You are not making any statement about the content of the Notice of Privacy Practices or about your agreement or disagreement with any portion of it.

Acknowledgement

I acknowledge that Hamden Pediatrics, P.C. has offered or provided me with a copy of its Notice of Privacy Practices, which 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:

Nicole Rozea
203-287-0552

I also understand that I am entitled to receive updates upon request if Hamden Pediatrics, P.C. amends or changes its Notice of Privacy Practices in a material way.

_____ _____
Signature of patient or patient's representative Date

_____ _____
Printed name of patient/patient's representative Relationship to patient

Everything below this line is for **OFFICE USE ONLY**

THIS SECTION IS TO BE COMPLETED BY HAMDEN PEDIATRICS, P.C. IF UNABLE

TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT.

I made a good faith effort to obtain a written acknowledgement of the Notice of Privacy Practices from the above-named patient/patient's representative, but was unable to because:

- ▢ Patient declined to sign this Written Acknowledgement
- ▢ Other (Specify):

Employee Name _____ Date _____