

**Acknowledgment of Receipt of Notice of
Privacy Practices**

Prime Healthcare P.C.

30 Jordan Lane, Wethersfield, CT 06109

Privacy Officer (860) 263-0253 EXT 231

Name of Patient: _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.
I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate your relationship to the patient: _____

For Office Use Only:

Signed form received by: _____

Acknowledge refused:

Efforts to obtain:

Reason for refusal:

