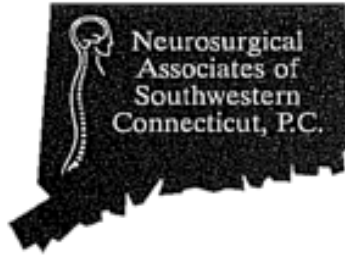


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Written Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____ Chart No. _____

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

Joan Monroe, HIPAA Privacy Officer
Neurosurgical Associates of SW CT, PC
67 Sand Pit Road, Suite 208
Danbury, CT 06810
Phone: (203) 792-2003

I also understand that I am entitled to receive updates upon request in the Notice of Privacy Practices is amended or changed in a material way.

Signature Date

Relationship to Patient

TO BE COMPLETED BY COVERED ENTITY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

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 of Employee Date