

Acknowledgement of Receipt of Notice of Privacy Practices

Urology Associates of Danbury, P.C.
51-53 Kenosia Avenue, Danbury, CT 06810

Privacy Official: 203-748-0330

Name of Patient: _____

I hereby acknowledge that I received a copy of the 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: _____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

