

Acknowledgement of Receipt of Notice of Privacy Practices

Neurology of Greenwich

Frederick K. Nahm, M.D., Ph.D.

[Privacy Officer: Bob Brown, 203-661-9383]

Name of Patient: _____

I hereby acknowledge that I have read a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice is 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:

Reason for refusal:
