Acknowledgment of Receipt of Notice of Privacy Practices

Pediatric Associates of Western Connecticut, L.L.C.
41 Germantown Road
Danbury, Connecticut 06810
Phone: 203-744-1680 Fax: 203-792-6510

Privacy Officer: David B. Gropper, M.D.
HIPAA Administrator: Kathy Erdely

Name of Patient: ____

Date of Birth: ___________________________

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 patient, please indicate your relationship to patient: ___________________________

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ı Refusal to sign

Will initiate the need to complete:
ı Confidential Channel Communication Request Form