

Acknowledgment of Receipt of Notice of Privacy Practices

**Preferred Pediatrics
88 Noble Ave
Milford, Connecticut 06470
203 874-2800**

Privacy Officer: Diana Lopusny, M.D.
HIPAA Administrator: Diana Lopusny, M.D.

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: _____

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

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