



PROGRESSIVE WOMEN'S HEALTH

499 Farmington Ave | Suite 220 | Farmington, CT 06032
1 Barnard Lane | Suite 101 | Bloomfield, CT 06002

Acknowledgement of Receipt of Notice of Privacy Practices

Name of Patient: _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy and that I may request a copy of any amended Notice of Privacy.

Signed: _____

Date: _____

Print Name: _____

If not signed by patient, please complete below:

Relationship to Patient: Check below

Parent Legal Guardian Conservator Patient's Representative

For Office Use only:

Acknowledgement refused:

Efforts to obtain: _____

Reasons for refusal: _____

*Rev. for Progressive Women's Health 11/2017 UAS & LLT
A division of Physicians for Women's Health*

NPP Acknowledgement

Effective: April 14, 2003
File in Medial Record HIPAA Section