

Connecticut Orthopaedic and Hand Surgery Center

**Acknowledgment of Receipt of Privacy Notice
Documentation of Attempt to Obtain Written Acknowledgment**

As required by the Health Insurance Portability and Accountability Act of 1996, we document compliance by retaining copies of our privacy notices and any written acknowledgments of receipt of the privacy notice or documentation of good faith efforts to obtain such written acknowledgment, in accordance with our obligation to provide the privacy notice at first service after compliance date, or, when an emergency occurs; as soon as possible after emergency treatment situation.

___ I have received the Privacy Notice.

Signed: _____ Date: _____

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

___ We have made a good faith effort to deliver a copy of our Privacy Notice to:

Patient Name: _____

Signed: _____ Date: _____

(Privacy Contact Person)