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Acknowledgement of Receipt of Notice of Privacy Practices

Advanced Internal Medicine

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Fiona Mullins – Privacy Officer – (203) 730-2900

Name of patient:

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

Signed:

Date:

Print Name:

Telephone:

If signed by someone other than the patient, please indicate your relationship to the patient:

For office use only:

Signed form received by:

Date:

Refusal to sign acknowledged:

Date:

Efforts to obtain:

Reasons for refusal:
