

Connecticut Eye Consultants, P.C.

69 Sand Pit Road Danbury, CT 06810 203-791-2020

31 Porter Street, Lakeville, CT 06039 860-435-0072

120 Park Lane, B203, New Milford, CT 06776 860-946-6000

166 Waterbury Road, suite 201, Prospect, CT 06712 203-758-5733

1449 Old Waterbury Road, Southbury, CT 06488 203-264-4000

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name:

Date of Birth:

We are required by State and Federal laws, including the HIPAA rules, to safeguard general and health related information about you. We have created a Notice of Privacy Practices that explains how your protected health information is handled. The Notice of Privacy Practices is provided to patients (and/or their authorized representatives) when they first become our patient.

We are asking you to sign this form to show that we offered you a copy of our Notice of Privacy Practices. By signing below, you are only acknowledging that you were offered or received a copy of the Notice of Privacy Practices. You are not making any statement about the content of the Notice of Privacy Practices or about your agreement or disagreement with any portion of it.

I hereby acknowledge that I have been offered or have received a copy of Connecticut Eye Consultants Notice of Privacy Practices. I understand that if I have further questions or complaints I may contact:

Medical Records Manager
Connecticut Eye Consultants, P.C.
69 Sand Pit Road
Danbury, CT 06810
Phone: 203-791-2020 ext 503

I also understand that I am entitled to receive updates upon request if Connecticut Eye Consultants Notice of Privacy Practices is amended or changed in a material way. This authorization is signed by:

Signature of Patient or Patients Representative

Date

Printed name of Patient or Patient's representative

Date

Relationship to Patient: _____

Everything below this line is for OFFICE USE ONLY

THIS SECTION IS TO BE COMPLETED BY THE DANBURY EYE PHYSICIANS AND SURGEONS, pc IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT FROM PATIENT

I made a good faith effort to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above named patient, but was unable because:

Patient declined to sign this Written Acknowledgment

Other (specify):

Name and title of employee

Date REV 09/24