

Acknowledgement of Receipt of Notice of Privacy Practices

WESTWOOD WOMEN'S HEALTH
60 Westwood Avenue, Suite 200
Waterbury, CT 06708

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 check below:

Parent Legal Guardian Conservator Patient's Representative

For office use only:

Acknowledgement refused:

Efforts to obtain: _____

Reasons for refusal: _____
