

**Richard H. Conant, FACS
Philip D. Bobrow, MD, FACS
Michael E. Goldsmith, MD
Steven H. Bernstein, MD
Mustafa A. Haque, MD
Erik A. Dahl, MD
Gautam Siram, MD**

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

PatientName: _____

Date of Registration: _____

By signing this form you acknowledge that Drs. Conant, Bobrow, Goldsmith, Bernstein, Haque, Dahl and Siram have provided you access to a copy of its Privacy Notice. This notice explains how your health information will be handled in various situations. By law we are required to have you sign this form on your first date of service with us. (after institution of HIPPA, April 14, 2003).

If your first date of service with us was due to an emergency, we must try to provide you access to this notice and have you sign this form as soon as you can after the emergency.

I have received the Practice's Privacy Notice.

Patient's Signature

Practice staff to complete if acknowledge forms is not signed:

1. Does patient have a copy of the privacy notice?

yes

no

2. Please explain why the patient was unable to sign an acknowledgement form and the practice's efforts in trying to obtain the patient's signature.