

**Family Medicine of SayeBrook, LLC**

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**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE**

<p><i>For office use only:</i></p> <p>Patient Name: _____</p> <p>Medical Record #: _____</p> <p>Date of Admission: _____</p>
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By signing this form, you acknowledge that Family Medicine of SayeBrook, LLC has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

- I have received Family Medicine of SayeBrook, LLC's Privacy Notice.
- Family Medicine of SayeBrook, LLC has given me the chance to discuss my concerns and questions about the privacy of my health information.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

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Family Medicine of SayeBrook's staff should complete if Acknowledgement Form is not signed:

Does patient have a copy of the Privacy Notice?

- Yes       No

Please explain why the patient was unable to sign an acknowledgement form and Family Medicine of SayeBrook's efforts in trying to obtain the patient's signature:

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