

Backus Physician Services

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Date of Birth: _____

I, _____, hereby acknowledge that I have received a copy of Backus Physician Services Notice of Privacy Practices. I understand that if I have further questions or complaints I may contact:

**Backus Physician Services
Billing Department
112 Lafayette Street
Norwich, CT 06360**

Privacyofficer@wvvh.org

I also understand that I am entitled to receive updates, upon request, if the Notice of Privacy Practices is amended or changed in a material way.

Signature

Date

If not signed by the patient, please indicate below your relationship to the patient.

Patient Representative

If you are the legally authorized check representative of the patient, please the appropriate box indicating your authority to act on the patient's behalf:	<input type="checkbox"/>	Parent
	<input type="checkbox"/>	Durable Power of Attorney for Health care (attach proof of authority)
	<input type="checkbox"/>	Legally Authorized Representative (attach proof of authority)
	<input type="checkbox"/>	Personal Representative of the Estate (attach proof of authority)
	<input type="checkbox"/>	Other (specify and attach proof of authority)

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify who is involved in your care or arranging payment for your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.

FOR OFFICE USE ONLY

A signed Notice of Privacy Practices was received:

- Patient signed Notice of Privacy Practices.
- Patient representative signed Notice of Privacy Practices (and employee received verbal/written authorization form from patient identifying said person as his/her representative).

A good faith effort was made to provide the above named patient with Backus Physician Services Notice of Privacy Practices, but the patient did not acknowledge receipt because:

- Patient declined to sign this Written Acknowledgement.
- Patient condition or emergency situation did not allow it.
- Other – explain reason(s) why patient did not acknowledge receipt of Notice of Privacy Practice:

Name of Employee

Date