



Naugatuck Valley
Gastroenterology
Consultants, LLC

Robert I. Leventhal, MD
Thomas A. Rockoff, MD
Anthony N. Schore, MD
Sara Miceli PA-C

166 Waterbury Rd
Suite 104
Prospect, CT 06712

203.756.6422 office
203.756.2448 facsimile

Eileen S. Paradis, MBA
Administrator

www.planetgi.com

Written Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____ Date of Birth: _____

Medical Record Number: _____

Other Identifier (Social Security Number): _____

"I hereby acknowledge that I have received a copy of this practice's **notice of privacy practices**. I understand that if I have questions or complaints regarding my privacy rights that I may contact the Privacy Officer. I further understand that the practice will offer me updates to this **notice of privacy practices** should it be amended, modified, or changed in any way."

How may we contact you?

Home Phone: _____

- DO NOT leave a message
- Leave a brief message, return #
- May leave a detailed message

Cell Phone: _____

- DO NOT leave a message
- Leave a brief message, return #
- May leave a detailed message

Please indicate if it is OK for telephone messages to be left on your voice-mail regarding appointments or normal test results: Yes _____ No _____

Please indicate if it is OK for office personnel to speak with your spouse or other designated person regarding your care/results/appointments: Yes _____ No _____

Who: _____

Patient signature: _____ Date: _____

or Signature of Patient's Representative: _____ Date: _____

For office use only

- Signed form received by: _____
- Acknowledgement refused:

Efforts to obtain: _____

Reasons for refusal: _____