

Acknowledgment of Receipt of Notice of Privacy Practices
(Electronic Version)

PRIVACY POLICIES AND PROCEDURES

This Notice of Privacy Practices is made available to you via our website and/or at your request. Please fill out the document and return to:

Connecticut Neurodevelopmental Services
134 Grandview Avenue, Suite# 208
Waterbury, CT 06708
Fax# (203) 755-3057

I, _____ have been offered a copy of Connecticut Neurodevelopmental Services' "Notice of Privacy Practices". This notice describes in detail how my Protected Health Information (PHI) may be used or disclosed by Connecticut Neurodevelopmental Services according to HIPAA regulations and further describes my rights under HIPAA.

Please check one box below.

- I have been offered a copy of the Notice of Privacy Practices and acknowledge I have received a copy.
- I have been offered a copy of the Notice of Privacy Practices and am DECLINING to accept a copy.

Your signature below documents that you have been offered the Notice of Privacy Practices.

Signature of Patient Date

Printed name of authorized representative Date

Signature of authorized representative Relationship to Patient

Patient or authorized representative refused to sign this acknowledgement. _____
Printed name of CNS employee