

Acknowledgement of Receipt of Notice of Privacy Practices

Connecticut Oncology Group, P.C.
536 Saybrook Road
Middletown, CT 06457
860-358-2220
Kimberlee Kegley, Privacy Officer

Name of Patient: _____ **DOB** _____
(please print)

I hereby acknowledge that I have received a copy of this medical practice's Notice of Privacy Practice. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be sent by e-mail to:

Email address: _____ Phone: _____

I authorize Connecticut Oncology Group to release personal information to the name(s) listed below:

Name: _____ Relationship to patient: _____ Phone: _____

Name: _____ Relationship to patient: _____ Phone: _____

Name: _____ Relationship to patient: _____ Phone: _____

(Please check appropriate line below):

- Call my home/cell phone and if necessary leave a message on the answering machine/voice mail/with a family member for me to call you back to schedule an appointment or to return your call.
- Call my home/cell phone and if necessary leave a message on the answering machine/voicemail/with a family member giving the results of any exam.

Patient Signature: _____ **Date:** _____

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient