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I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Notice of Privacy Practices for Connecticut GI, P.C. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate your relationship to the patient: \_\_\_\_\_

**For Office Use Only:**

Signed form received by: \_\_\_\_\_

Acknowledgement refused:

Efforts to obtain: \_\_\_\_\_  
\_\_\_\_\_

Reasons for refusal: \_\_\_\_\_  
\_\_\_\_\_