



**Southern New England Ear, Nose, Throat
and Facial Plastic Surgery Group, LLP**

(Head and Neck Surgery)

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Acknowledgment of Receipt of Notice of Privacy Practices

Elizabeth Sullivan, Practice Manager phone: 203-777-7500

I acknowledge that I received a copy of this medical practice's Notice of Privacy Practices and that a copy of the current notice is posted in the reception area. I may request a copy of amended Notice of Privacy Practices at each appointment.

HIPAA Questions

(PLEASE CHECK ALL APPROPRIATE BOXES) (Instructions valid for 12 months) As my doctor, you or your staff may:

- A. 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.**
- B. Call my home/cell phone and if necessary leave a message on the answering machine/voice mail/with a family member **giving the results of a test.**
- C. Call my home and if necessary leave a message on the answering machine/voice mail/with a family member **inquiring how I am doing.**
- D. Call my **workplace** and if necessary leave a message for me to call you back to schedule an appointment or just to return your call.

***HEALTH PLAN REQUIREMENTS.** I am responsible for knowing my medical policy and am responsible for any charges if any of the following apply:

- My health plan requires prior authorization or referral by a primary care physician (PCP) before receiving services at Southern New England Ear, Nose, Throat and Facial Plastic Surgery Group, LLP (SNEENT), and I have not obtained an appropriate and accurate authorization or referral;
- I receive services in excess of such authorization or referral;
- My health plan determines that the services I received at SNEENT are not medically necessary and/or not covered by my insurance plan;
- My health plan coverage has lapsed or expired at the time I received services at SNEENT;
- I have chosen not to use my health plan coverage.

**I agree with all the above terms.

Signature: _____ Printed Name/Relation: _____ Date: _____

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