



**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
203-777-7500

Name of Patient: _____

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. 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.

HIPAA Questions

As my doctor, you or your staff may:

(PLEASE CHECK APPROPRIATE BOXES)

- 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.

(The above instructions are valid for 12 months)

Signed: _____

Date: _____

Print Name: _____

Telephone: _____

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

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