



East Lyme Pediatric Clinic  
170 Flanders Road  
Niantic, Ct 06357  
(860) 739-7444

## ACKNOWLEDGEMENT OF RECEIPTS OF NOTICE OF PRIVACY PRACTICES

*\*You May Refuse To Sign This Acknowledgement\**

I, \_\_\_\_\_, have received the copy of the office's Notice of Privacy Practices.

\_\_\_\_\_  
Please Print Parent / Guardian Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's Signature

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### FOR OFFICIAL USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could be obtained because

- Individual refuse to sign
- Communicator's barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please Specify)