

## Acknowledgement of Receipt of Notice of Privacy Practices

### Hartford Medical Group – Privacy Officers

**Bishops Corner, West Hartford** - Kathy Lavallee, Practice Manager, 860-232-4891

**Windsor** – Kathy Lavallee, Practice Manager, 860-683-2690

**South Main, West Hartford** - Pam Lobo, RN, Practice Manager, 860-561-7111

**Avon** - Pam Lobo, RN Practice Manager, 860-284-5111

**Manchester** – Dianne Stevens, Practice Manager 860-696-2300

**East Hartford** – Robyn Weiss, Practice Manager, 860-569-8800

**Wethersfield** - Diane Paskiewicz, Practice Manager, 860-696-2400

**Glastonbury** – Robyn Weiss, Practice Manager, 860-696-2250

**Enfield** – Dianne Stevens, Practice Manager, 860-696-2380

**Windham Offices** – Patty Cruz, Practice Manager, 860-742-7315

**Business Office, Hartford** - John Fundock COO, 860-545-7188, X77533

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.

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

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

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

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### ***For Office Use Only:***

† Signed form received by: \_\_\_\_\_

† Acknowledgment refused:

Efforts to obtain:

\_\_\_\_\_  
\_\_\_\_\_

Reasons for refusal:

\_\_\_\_\_  
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