



HAMDEN • 1700 DIXWELL AVENUE
NORTH HAVEN • 163 UNIVERSAL DRIVE NORTH
NORWALK • 677 CONNECTICUT AVENUE
ORANGE • 109 BOSTON POST ROAD
STRATFORD • 200 E MAIN STREET
WATERBURY • 279 CHASE AVENUE / 506 FROST ROAD
WEST HAVEN • 636 CAMPBELL AVENUE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

This document is to be signed by the patient legally responsible for the patient’s medical decisions relative to the treatment situation.

I, _____, hereby acknowledge that 203 URGENT CARE has provided me with a copy of its’ Notice of Privacy Policies that describes how medical information about me, may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact 203-URGENT CARE’S Administrative Director at 203-298-4600.

I also understand that I am entitled to receive updates upon request if and when 203 URGENT CARE amends or changes its’ Notice of Privacy Practices material in any way.

I allow Urgent Care Center, LLP to obtain prescription history from an external source:

(Signature) (Date)

(Relationship to patient, if signed by someone other than patient)

If you will be contacting me regarding an appointment, lab or other tests or consultations, I prefer you call:

(Home Telephone / Work Telephone / Mobile Telephone – please circle which)

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THIS SECTION TO BE COMPLETED BY 203 URGENT CARE IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT.

I MADE A GOOD FAITH EFFORT TO OBTAIN WRITEEN ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES FROM THE ABOVE PATIENT, BUT WAS UNABLE TO BECAUSE:

PATIENT DECLINED TO SIGN WRITTEN ACKNOWLEDGEMENT

OTHER (SPECIFY) : _____

(SIGNATURE) (DATE)