

Test Results: At Greenwich Neurosurgery, one of our goals is to discuss all test results with you within one week of undergoing the test (CT, MRI, EMG, X-ray and blood draw). However, this depends upon where the test was performed and how soon the facility sends the results. Test results will be communicated to you via phone call from the physician, or member of our staff, as soon as possible

Questions/Prescriptions: If you need to speak with one of the physicians or physician assistants, please leave the reason for the phone call and proper contact information, so that we can respond promptly. The clinical staff is generally in surgery on Monday, Tuesday and Friday. All prescription requests should be anticipated in advance.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:

(Version effective: 4/14/2003)

Patient Name: _____ **Date of Birth:** _____

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I understand that if I have further questions or complaints I may contact:

Greenwich Neurosurgery/CSI LLC
25 Valley Drive
Greenwich, CT 06831
203-661-3333
Attn: Michelle McDermott-Privacy Officer

I also understand that I am entitled to receive updates, upon request, if Greenwich Neurosurgery/CSI LLC amends or changes the Notice of Privacy Practices in a material way.

Print Name: _____

Signature: _____

Relationship to patient (if not self): _____

Date: _____

TO BE COMPLETED BY GREENWICH NEUROSURGERY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT

On _____, I attempted to obtain a written acknowledgement of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

- () Patient declined to sign this Written Acknowledgement.
- () Patient did not understand the request to sign the Written Acknowledgement.
- () Other (specify) _____