

Greenwich Neurosurgery  
75 Holly Hill Lane  
(203) 661-3333

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Patient Name

Date of Birth (MM/DD/YY)  /  /

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  
75 Holly Hill Lane  
Greenwich, CT 06830  
(203) 661-3333  
Attn: Michelle McDermott – Privacy Officer

I also understand that I am entitled to receive updates upon request if Greenwich Neurosurgery's Notice of Privacy Practices is amended or changed in a material way.

Signature \_\_\_\_\_

Relationship to patient

Date (MM/DD/YY)  /  /

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**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)

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