Acknowledgement Of Receipt Of Our Notice Of Privacy Practices

From

Drs. Brennan, Cronin, Allen, Berghelli & Lichtenfels

We are required to make a ***good faith effort*** to obtain a patients written acknowledgement of receipt of our notice of privacy practices. The purpose of this acknowledgement process is to alert patients to the importance of our privacy notice and provide them the opportunity to discuss privacy issues with us.

Please sign below acknowledging that you have had the opportunity to read and/or obtain a copy of our privacy practices.

Please list any person or persons who you authorize us to give medical information to other then yourself.

Person's Name:	Relationship:
_____	_____
_____	_____
_____	_____

_____ _____

Patient Signature Date

EMERGENCY CONTACTS

NAME	RELATIONSHIP	PHONE NUMBER
_____		
_____		