



**Middlesex Gastroenterology Associates**

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**Acknowledgement of Privacy Practices**

I, \_\_\_\_\_, hereby acknowledge that I have received a copy of the Notice of Privacy Practices for Middlesex Gastroenterology Associates. 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Relationship:** \_\_\_\_\_

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**For Office Use Only:**

\_\_\_ Signed Form Received

\_\_\_ Acknowledgement Refused:

**Reasons for refusal:**

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

**Form Received By Initials:** \_\_\_\_\_