

CATERINA VIOLI, M.D. OB-GYN
2 ½ DEARFIELD DRIVE
GREENWICH, CT 06831
(203) 861-9586

Written Acknowledgement of Receipt
Of Notice of Privacy Practices

Patient Name: _____
Date of Birth: _____

I, _____, hereby acknowledge that I have been given the opportunity to read the Notice of Privacy Practices. I understand that if I have further questions or complaints I may contact:

LISA VIOLI, PA-C

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

Signature

Relationship to Patient

Date

**TO BE COMPLETED BY COVERED ENTITY 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): _____

Name and title of employee.