Geer Outpatient Physical Therapy

Written Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I have received Geer's Notice of Privacy Practices. I understand that I can contact Kevin O'Connell, Chief Executive Officer/Privacy Officer, 99 South Canaan Road, Canaan, CT 06018, 860-824-3868 if I have further questions or complaints.

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

_____ **OR** _____

Resident/Patient Signature **OR** Personal Representative

_____

Date

TO BE FILLED OUT BY FACILITY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM RESIDENT/PATIENT.

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

Check the applicable box:

[ ] Resident/Patient declined to sign this Written Acknowledgement.

[ ] Resident/Patient did not understand the request to sign the Written Acknowledgement.

[ ] Other [specify details]:_____

_____

By: _____

Name and title of employee.

Date: _____

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