



Robert E Sterling M.D., DABAM
 SOBER SOLUTIONS OF NORWALK
 120 East Avenue,
 Suite 1E
 Norwalk, CT 06851

ACKNOWLEDGEMENT OF HIPAA PRIVACY NOTICE

Patient Name: _____

Patient Account # : _____

Date of Registration: _____

By signing this form, you acknowledge that Sober Solutions of Norwalk has provided you access to a copy of its HIPAA Privacy Notice, which explains how your health information will be handled in various situations. By law, we are required to have you sign this form on your first date of service with us.

If your first date of service with us was due to an emergency, we must try to provide you access

Tell us how to communicate with you:

Home Answering Machine	_____ Yes	_____ No
Work Voicemail	_____ Yes	_____ No
Personal/Work Email	_____ Yes	_____ No

to this notice and have you sign this form as soon as we can after the emergency.

Please specify by checking the appropriate answer below if we may leave health-related information (e.g., lab/radiology results, billing issues or other doctor-

Provide Email Address: _____ Cell Phone _____ Yes

_____ No Relative or Other Person Living With You _____ Yes _____ No

Please note that if the above section is not completed, we will assume that we have your approval to contact you using any one of these methods.

[] The Practice has provided me with a copy of its Privacy Notice. I acknowledge that I have read, understand and agree to the above.

[] I have read the Privacy Notice and DO NOT AGREE to its provisions.

Patient's/Guardian Signature /Date _____