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Acknowledgment of Receipt of Notice of Privacy Practice Summary

Name of Patient: _____

I hereby acknowledge that I have read this medical practice's Notice of Privacy Practices, and have received a summary thereof. I further acknowledge that a copy of the current notice is posted in the reception area, and that I may request a copy of the full Notice of Privacy Practices at any time.

Signed: _____ Date: _____ / _____ / _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate the relationship of the person signing to

the patient: _____

FOR OFFICE USE ONLY

() Signed form received by: _____

() Acknowledgment refused: _____

Efforts to obtain:

Reasons for refusal:

