Cloutier Family Practice, LLC
Josee D. Cloutier, MD
10 Liberty Way Suite 10B
Niantic, CT 06357
860-691-8084

Southeastern CT Primary Care, LLC
Rosalinda Gaona, M.D.
10 Liberty Way Suite 10B
Niantic, CT 06357
860-691-8084

Acknowledgement of Receipt of Our Notice of Privacy Practices

By signing below, I acknowledge that I have been provided with a copy of Southeastern CT Primary Care, LLC and Cloutier Family Practice, LLC Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by Southeastern CT Primary Care, LLC and Cloutier Family Practice, LLC and how I may obtain access to and control this information.

X _____ X _____
Signature of Patient or Personal Representative Date

X _____
Print Name of Patient or Personal Representative

X _____
Description of Personal Representative's Authority

1. Please list who you want to have access to your pertinent medical information (ie. Spouse, family members, others):

_____

2. May we leave messages on the answering machine? _____ Yes _____ No

3. Preferred method of contact:

Home #_____ Cell#_____ Work#_____

This section to be completed if written acknowledgement not obtained.

We have made a good faith effort to obtain an individual's acknowledgement, but the acknowledgement was not obtained for the following reason(s):

___ The individual refuses to sign or otherwise fails to provide an acknowledgement

___ The individual was mailed a copy of the notice and did not mail back the receipt of acknowledgement

___ Other_____

Completed by _____ Date_____