Natural Pediatric Medicine, LLC – Dr. Robin Russell
280 Main Street #C, New Hartford, CT 06057 PO Box 46, Pine Meadow, CT 06061
(860) 909-1082 – Phone • (860) 379-0876 – Fax

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Dr. Robin Russell's Notice of Privacy Practices detailing how my health information may be used and disclosed under federal and state law.

I wish to have the following restrictions to the use or disclosure of my health information:

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Patient's Name:______________________________ **DOB:**__________________________

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Patient's Signature OR (Authorized Representative) **Date**

FOR OFFICE USE ONLY
□ Patient refused to sign Acknowledgement of Receipt of Privacy Practices
□ Patient was unable to sign Acknowledgement of Receipt of Privacy Practices due to reasons specified below.

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Provider Signature Date