

Plancher Orthopaedics & Sports Medicine, PLLC  
New Patient Packet

**Written Acknowledgement of Receipt of the Notice of Privacy Practices**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. I understand that if I have any further questions or complaints, I may contact:

Plancher Orthopaedics & Sports Medicine  
Greenwich, CT – (203) 863-2003  
New York, NY – (212) 876-5200

I also understand that I am entitled to receive updates upon my request if the Plancher Orthopaedics & Sports Medicine Notice of Privacy Practices is amended or changed in a material way.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY COVERED ENTITY IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT:**

On \_\_\_\_\_, I attempted to obtain a Written Acknowledgement of receipt of the Notice of Privacy Practices from the above-named patient, but was unable to because:

Patient declined to sign this Written Acknowledgement

Patient did not understand the request to sign the Written Acknowledgement

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Title of Employee

\_\_\_\_\_  
Date