



FAIRHAVEN OFFICE

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(508) 994-2255

JAMESTOWN OFFICE

20 Clinton Ave
Jamestown, RI 02835
(401) 423-2110

N.KINGSTOWN OFFICE

7355 Post Road
North Kingstown, RI 02852
(401) 294-4587

Acknowledgement of Receipt of Privacy Practices Notice

This document acknowledges that you have received a copy of:
Notice of Privacy Practices

This document is not a contract, authorization, release, or consent form. This document will remain in your records.

From time to time we apprise our clients of events that may be of interest to them via email or mail. Please check here if you do NOT wish to be notified of such events.

I, _____, acknowledge that I have reviewed a copy of the Notice of Privacy Practices.

Patients Signature

Date

Parent or Legal Guardian (if under 18)

Date