

Gary S. Gruber PC  
Family and Environmental Medicine  
68 Old Stamford Road  
New Canaan, CT 06840  
203-966-6360

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**This document is to be signed by a person legally responsible for the patient's  
medical decisions relative to the treatment situation.**

I, \_\_\_\_\_, hereby acknowledge that Family and Environmental  
Medicine has provided me with a copy of its Notice of Privacy Practices that describes how  
medical information about me may be used and disclosed, and how I can access this information.  
I understand that if I have questions or complaints I may contact:

**Gary S. Gruber ND  
(203) 966-6360**

I also understand that I am entitled to receive updates upon request if Family and Environmental  
Medicine amends or changes its Notice of Privacy Practices in a material way.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Patient, if signed by  
someone other than patient.

\_\_\_\_\_  
Date

---

**THIS SECTION IS TO BE COMPLETED BY FAMILY AND ENVIRONMENTAL  
MEDICINE IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGMENT FROM  
PATIENT**

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy  
Practices from the above-named patient, but was unable to because:

[ ] Patient declined to sign this Written Acknowledgment.  
[ ] Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Name and title of employee

\_\_\_\_\_  
Date