## Stephen F. Calderon MD PC Tracy B. Bylan PA 860-522-7121

## WRITTEN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT NAME:	Date of Birth:
	, hereby acknowledge that I have received ivacy Practices. I understand that if I have further at I may contact:
THE HIPA	AA PRIVACY OFFICE: 860-522-7121
Signature	