



**Boston \* Chestnut Hill \* Reading \* Swampscott**

**ACKNOWLEDGEMENT OF RECEIPT**

The *Notice of Privacy Practices* provides information about how THE PERICO GROUP may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review the Notice before signing this acknowledgement. The terms of the Notice may change. If THE PERICO GROUP changes the Notice, you may obtain a revised copy by contacting our office or accessing the updated Notice on THE PERICO GROUP'S website.

THE PERICO GROUP'S *Notice of Privacy Practices* is posted in the waiting room. The *Notice of Privacy Practices* is also available on THE PERICO GROUP'S website. If you would like to receive a copy of the Notice, the reception desk has one available for you to keep for your records.

If you wish for persons other than those released under normal operations as indicated in the Notice to receive confidential information that is now protected under this law, you must release them in writing. Parents or Guardians of minor children do not need to be released. Please list any other parties who may access your health information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

By signing this form, you acknowledge that the THE PERICO GROUP has made its Notice of Privacy Practices available to you for review and that you have been offered a personal copy.

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Signature of Patient or Patient Representative Date

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Printed Name of Patient or Representative Relationship (if not patient)

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Witness (Practice Representative) Date

If you have any questions or want more information about the Notice of Privacy Practices,  
please contact our Privacy Officer.

For Office Use Only:

Effective March 4, 2019