



Health  
Care  
is a  
Right

# Community Health Center of Franklin County Desmond Callan Community Health Center

## PATIENT VERIFICATION OF RECEIPT

My signature below is to verify that I was given a copy of each document listed below. I understand that I may request a new copy of these documents at any time.

- Notice of Privacy Practices (HIPAA Notice)
- Patient Rights Notice
- No Show Policy
- Red Flags Rule (Identity Theft) Notice

I may request that these documents be mailed to me in one of the following alternative formats:

- Large Print
- Audio (tape or CD recording at the discretion of the health center)

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Print Patient Name

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Patient/ Guardian Signature

Date

338 Montague City Road Turners Falls, MA 01376  
Telephone: (413) 772-3748 Fax: (413) 772-6366  
450 West River Street Orange, MA 01364  
Telephone: (978) 544-1576 Fax (978) 544-0024