



# ORTHOPEDIC SPECIALISTS, P.C.

PHYSICIANS & SURGEONS

## PRIVACY NOTICE ACKNOWLEDGEMENT

To Our Patients:

Federal law requires that we provide you with a copy of our Privacy Notice.

The Privacy Notice explains how we may use and disclose health information about you. We ask that you sign this form for our records so that we may document your receipt of the Notice.

If you have questions about the Privacy Notice, please feel free to direct these to our Privacy Officer at any time. The name and contact number of the Privacy Officer is listed on your copy of the Privacy Notice.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Patient to complete this section*

I have received a copy of the Privacy Notice for this organization on today's date.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*If patient is unable to acknowledge receipt, staff member providing notice to complete this section*

The Privacy Notice was provided to

Patient Name: \_\_\_\_\_ On \_\_\_\_\_

The patient was unable to acknowledge receipt of the Privacy Notice for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

*File this form in the patient's chart*