PATIENT ACKNOWLEDGMENT OF RECEIPT
NOTICE OF PRIVACY PRACTICES

Patient Name:

I acknowledge that a copy of the Notice of Privacy Practices for Sport Ortho Urgent Care has been made available to me. In connection with the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents. I have read and understand the Notice. I understand the most current version of the Notice (including any changes that will be made in the future) will be posted within Practice's facilities and on its website.

I hereby expressly consent to the release of my medical information (including sensitive information) as described in the Notice of Privacy Practices to any of my inside or outside health care providers, medical/health insurance companies, and their vendors and as otherwise described in the Notice.

Signature of Patient/Legal Representative: _____

Date:

Basis of Authority to Sign for Patient: _____

For Use by Sport Ortho Personnel Only: [Complete if Patient Acknowledgment is not obtained]

A copy of the Notice of Privacy Practices was made available to the patient and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An Acknowledgment was not obtained because

_____

Signature: _____ Date: _____