Acknowledgement of Receipt of Notice of Privacy Practice

PATIENT NAME: __________________________________________________________

(please print full name of patient)

I, ____________________________________________________________. have received the Notice of Privacy Practices

(please print full name of patient/legal guardian)

from Southern Maryland Orthopaedic and Sports Medicine Center-The Centers for Advanced Orthopaedics.

X ________________________________________________________________ Date: ________________

Signature of patient/legal guardian

In lieu of patient/legal guardian signature, I ________________________________________________________, a staff member of Southern Maryland Orthopaedic and Sports Medicine Center-The Centers for Advanced Orthopaedics, state that ____________________________________________ has been given our current Notice of Privacy Practices.

X ________________________________________________________________ Date: ________________

Signature of staff member when applicable