

ACKNOWLEDGEMENT OF RECEIPT
of
Danville Orthopaedics & Sports Medicine, P.S.C.
Notice of Privacy Practices

I acknowledge that Danville Orthopaedics & Sports Medicine, P.S.C. has provided me a copy of its Notice of Privacy Practices, which provides a detailed description of the uses and disclosures allowed, as well as other rights I have regarding my protected health information.

Signature of Patient or Personal Representative

Name of Patient (please print)

Date

Description of Personal Representative's Authority

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign.
- Communication barriers prohibited obtaining the acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other (please specify): _____

Danville Orthopaedics & Sports Medicine Staff

Date