

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of **ADVANCED ORTHOTICS & PROSTHETICS** Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of **ADVANCED ORTHOTICS & PROSTHETICS** duties with respect to my protected health information. The Notice of Privacy Practices is posted in the front patient waiting room area.

ADVANCED ORTHOTICS & PROSTHETICS reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next visit.

X _____ Date: _____

Signature of Patient or Personal Representative

Please Print Name or Name of Personal Representative

Description of Personal Representative's Authority