

Acknowledgement of Notice of Privacy Practices

I, \_\_\_\_\_ am aware of the Notice of Privacy Practices from Medical Center for Bone and Joint Disorders Inc.

X \_\_\_\_\_ Date: \_\_\_\_\_

In lieu of patient signature, I, \_\_\_\_\_ a staff member of Medical Center for Bone and Joint Disorders Inc., state that the above patient is aware of our Notice of Privacy Practices.

X \_\_\_\_\_ Date: \_\_\_\_\_