

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ have received the Notice of Privacy Practices from Medical Center for Bone and Joint Disorders Inc.

Signature: _____ Date: _____

In Lieu of patient signature, I, _____ a staff member of Medical Center for Bone and Joint Disorders Inc., state that the above patient has been given our Notice of Privacy Practices.

Signature: _____ Date: _____