

Medical Center for Bone & Joint Disorders, Inc.  
A California professional medical corporation  
400 N. Mountain Avenue, Suite 310  
Upland, California 91786

Privacy Officer: Troy Young

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices, that I have been advised that a copy of the current Notice is posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

I would like to receive a copy of any amended Notice of Privacy Practices by e-mail at:

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

Name and Address of Patient: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Center for Bone & Joint Disorders, Inc.**  
**HIPAA Notice of Privacy Practices**  
**Acknowledgment and Tracking Information**

Name of Patient: \_\_\_\_\_

Address: \_\_\_\_\_

*For Office Use Only:*

Date received:	Processed by:
Practice Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Practice Follow-up:

*Complete the following only if the Patient refuses to sign the Acknowledgment:*

Efforts to obtain:

\_\_\_\_\_  
\_\_\_\_\_

Reasons for refusal:

\_\_\_\_\_  
\_\_\_\_\_