STEVENS POINT ORTHOPEDICS

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Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, acknowledge that I have received a copy of

(Print Patient First & Last Name)

Stevens Point Orthopedics' Notice of Privacy Practices. This notice describes how **Stevens Point Orthopedics** may use and disclose my protected health information, certain restrictions on the use and disclosures of my health care information, and rights I may have regarding my protected health information.

_____ _____

(Patient/Guardian Signature) (Date)

_____ _____

(Relationship to Patient) (Patient Date of Birth)