

ADVANCED ORTHOPAEDIC ASSOCIATES
Operative Arthroscopy-Trauma Surgery-Sports Medicine-Foot & Ankle Surgery

Diplomat/American Board of Orthopaedic Surgery

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Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I provided a copy of the Notice of Privacy Practices
for ADVANCED ORTHOPAEDIC ASSOCIATES.

Patient Name: _____
(Please Print)

Signature of Patient: _____

Date Signed: _____

****If person signing is not the patient, please print your name and tell your relationship to patient:**

Name: _____ Relationship to Patient: _____

I, _____, request a
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If patient/representative requested copy of Notice, Date copy was provided: _____

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If not, acknowledgement could be obtained, state reason why and the efforts taken to try to

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