

# Acknowledgment of Receipt of Notice of Privacy Practices

OAK Orthopedics reserves the right to modify the privacy practices outlined in the notice.

## Signature

I have received a copy of the "Notice of Privacy Practices" for Oak Orthopedics.

---

Name of Patient (Print or Type)

---

Signature of Patient

---

Date

---

Signature of Patient Representative (Required if the patient is a minor or an adult who is unable to sign this form)

---

Relationship of Patient Representative to Patient

## Documentation of Attempt to obtain Acknowledgment of Receipt of Notice of Privacy Practices

### Attempt to Obtain Acknowledgment

An attempt was made to obtain an acknowledgment of receipt of the "Notice of Privacy Practices" on \_\_\_\_\_. The acknowledgment was not obtained because:

- ◇ The patient was undergoing emergency treatment
- ◇ The patient declined to sign the acknowledgment
- ◇ Other \_\_\_\_\_

---

Signature

---

Name of Patient (Print or Type)

---

Name of Staff Member

---

Date

*OAK Orthopedics complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

