



Account # _____

ORTHOPAEDICS NORTHEAST

HIPAA PRIVACY RECEIPT ACKNOWLEDGEMENT

Effective Date: April 14, 2003

Orthopaedics Northeast (“ONE”) Notice of Privacy Practices has been provided to me, or I have accessed it electronically. I understand I have the right to review the Notice of Privacy Practices prior to signing this document and by signing this document, acknowledge **only** that I have received ONE Notice of Privacy Practices. The Notice of Privacy Practices for ONE is also provided at the front desk at all of our offices and on the ONE web site at www.OrthoNE.com.

ONE reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing the ONE web site, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Printed Name of Patient: _____

Signature of Patient: _____

Date: _____

OR

Printed Name of Personal Representative: _____

Signature of Personal Representative: _____

Description of Authority of Personal Representative: _____

Date: _____

The above-named patient or personal representative of the patient was given ONE's Notice of Privacy on the date indicated, but either refused to sign the acknowledgement or did not return the acknowledgement.

Initials and ID# of ONE Staff Member: _____

Date: _____

For Internal Use Only: PM - initials _____ /date _____