

ST. VINCENT'S ORTHOPEDICS, P.C
ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I have been presented with a copy of St. Vincent's Orthopedics, P.C., **Notice of Privacy Practices**, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning the use of my personal medical information:

I also understand that St. Vincent's Orthopedics, P.C., may not be able to fulfill my request for restrictions, and I will be notified if my request is denied.

Signed: _____

Date: _____

If not signed by the patient, please indicate relationship to patient (e.g., spouse)

Relationship: _____

Witness: _____

FOR OFFICE USE ONLY

Acknowledgement received by _____

on _____

Acknowledgement refused by patient.

Date _____

Time _____

Acknowledgement added to patient's medical record on _____