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HOUSTON ORTHOPEDIC SURGERY AND SPORTS MEDICINE

Patient Acknowledgement Receipt of Privacy Notice

I,_____, hereby affirm that I have received a copy of the *Notice of Privacy Practices* from Houston Orthopaedic Surgery & Sports Medicine. Under Federal law 104-191, also known as HIPAA, I am entitled to receive a copy of this *Notice* from my healthcare provider.

I understand that *my* signature on this Acknowledgement only signifies that I have received a copy of the *Notice* and does not legally bind or obligate me in any way.

I understand that I am entitled to receive a copy of the *Notice of Privacy Practices* from my healthcare provider, whether I sign this Acknowledgement or not.

_____
Signature of Patient or Personal Representative

_____
Print Name of Patient or Personal Representative

_____
Date

_____
Description of Personal Representative's Authority (if applicable)

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Received by:	
Date Received:	Time Received:
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