



AMARILLO BONE & JOINT CLINIC, LLP

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____, acknowledge that I have received a copy of the Amarillo Bone & Joint Clinic, LLP (AB&JC) Notice of Privacy Practices.

Patient Signature

Date

Patient Legal Representative (if applicable)

Date

Print name of Legal Representative

Relationship to patient

FOR AB&JC USE ONLY:

AB&JC has made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

(Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.)

Name of Office Representative: _____

Date Placed in Patient Chart: _____