

## **Acknowledgment of Receipt of Privacy Practices**

I, \_\_\_\_\_ have received a copy of Ohio Orthopaedic Center's Notice of Privacy Practices with an effective date of April 14, 2003.

**Signature of Patient** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Witness

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_