

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

MOUNTAINEER ORTHOPEDIC SPECIALISTS, L.L.C.

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of **Mountaineer Orthopedic Specialists, L.L.C.'s** "NOTICE OF PRIVACY PRACTICES," revision date 05/29/03.

As required by the Privacy Regulations, _____ from **Mountaineer Orthopedic Specialists, L.L.C.** has provided a copy of the "NOTICE OF PRIVACY PRACTICES" of which I understand.

As required by the Privacy Regulations, I am aware that **Mountaineer Orthopedic Specialists, L.L.C.** has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.

I authorize Mountaineer Orthopedic Specialists, L.L.C. to release or obtain any information needed from insurance companies in regards to the treatment and or payment for services provided by them.

I understand that this office is not required to honor any changes to the "Notice of Privacy Practices."

Signature Date

Print Name Patient name if minor

(OFFICE USE ONLY)

Signed form received by: _____ Date: _____

Good faith effort to obtain receipt: (Describe) _____

Optional Requests:

- ☐ I wish to file a "Request for Restriction" of my Protected Health Information.
- ☐ I wish to file a "Request for Alternative Communications" of my Protected Health Information.
- ☐ I wish to object to the following in the "Notice of Privacy Practices:"

