

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

NAME (Please Print): \_DOB:

I hereby acknowledge that I have been provided the **Notice of Privacy Policy** for Southeast Orthopedic Specialists. The notice explains in more detail how Southeast Orthopedic Specialists may use and/or share my health information in regards to treatment, payment, and health care operations. I was given the opportunity to ask questions regarding this policy.

I will allow Southeast Orthopedic Specialists to discuss my medical, payment, scheduling, and health care operations with the following individuals:

* + 1. Name:

Relationship:

Phone Number:

* + 1. Name:

Relationship:

Phone Number:

**Signature Date**