



# 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: \_\_\_\_\_