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Acknowledgment

ORTHONJ, LLC

Patient Name: _____

I acknowledge receipt of the above organization's Notice of Privacy Practices.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Patient: _____

-OFFICE USE ONLY-

Inability to Obtain Acknowledgment

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the good faith efforts made to obtain the individual's acknowledgment, and the reason why the acknowledgment was not obtained.

Reason: _____

Signature of Staff Member: _____

Printed Name: _____ Date: _____