

# Associated Orthopaedics

CLIFFORD A. BOTWIN, D.O., F.A.A.O.S., F.A.O.A.O.

ROBIN R. INNELLA, D. O., F.A.O.A.S.M.

JEFFREY M. WARSHAUER, D.O.

JOHN A. FACCONI, D.O.

DIPLOMATES, AMERICAN OSTEOPATHIC  
BOARD OF ORTHOPAEDIC SURGERY

PRACTICE LIMITED TO  
ORTHOPAEDIC, TRAUMATIC,  
RECONSTRUCTIVE SURGERY  
AND SPORTS MEDICINE

## ASSOCIATED ORTHOPAEDICS

Effective Date: April 14, 2003

### Acknowledgement of Receipt of Notice of Privacy Practices

I have been presented with a copy of Associated Orthopaedics Notice of Privacy Practices detailing how my medical information, also known as "Protected Health Information" or PHI may be used and disclosed as permitted under federal and state law. I understand that I have the right to review the Notice and ask questions about Associated Orthopaedics' privacy practices.

By signing this form you acknowledge that you have received our  
**Notice of Privacy Practices.**

\_\_\_\_\_  
Name of Patient (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or Patient's Representative-  
(if patient is a minor or an adult who is unable to sign)

IF PATIENT REFUSES TO SIGN, PLEASE INDICATE YOUR ATTEMPT TO  
OBTAIN A SIGNATURE BELOW:

{ } Patient refused to sign this acknowledgement

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date