

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

**BRISTOL ORTHOPAEDICS, L.L.C.**

Name of Patient: \_\_\_\_\_

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that copy of the current notice will be posted in the reception area and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

If not signed by the patient, please indicate your relationship to the patient: \_\_\_\_\_

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For office use only:

Signed form received by: \_\_\_\_\_

Acknowledgment refused: \_\_\_\_\_

Efforts to obtain: \_\_\_\_\_

Reasons for refusal: \_\_\_\_\_