PATIENT ACKNOWLEDGMENT OF HAVING READ OR BEEN GIVEN THE NOTICE OF PRIVACY PRACTICES AT ORTHOTECH ORTHOPEDICS

I have been provided the opportunity to read/or given a Notice of Privacy Practices at Orthotech Orthopedic.

I understand that Orthotech Orthopedic is committed to treating and using protected health information about me responsibly.

I understand my rights as it relates to my records at Orthotech Orthopedic and understand how information about may be used and disclosed.

I understand that my health record is the physical and legal property of Orthotech Orthopedic, but the information belongs to me. I may have access to inspect, amend or obtain a copy of my health information. Cost will incur for the copies of my records, and appointments must be made with the Privacy Officer to inspect, access or amend my health information.

I understand that Orthotech Orthopedic is required to maintain the privacy of my health information. Orthotech Orthopedic will require my authorization to release my health information to outside sources with the exception of the disclosures for purpose of Treatment, Payment and Health Information by Orthotech Orthopedic staff and physicians, billing to myself and /or a third–party payer. In addition, business associates of Orthotech Orthopedic may time to time, have access to my health information, but I am assured that proper Business Associates Agreements are in place, insuring the protection of my health information. Upon the physician's best judgment, Orthotech Orthopedic may disclose to a family member, relative or close personal friend or any other person I identify, health information relevant to that person's involvement in my care. My healthcare information may also be used for research data, organ procurement, FDA, public health or legal authorities, and/or law enforcement purposes.

Orthotech Orthopedic may contact me regarding appointment reminders, changes/cancellations by the following means; using postcards or letters, by telephone calls to my home or place of employment, leaving a message with the person answering the phone, or by leaving a message on my answering machine.

I have read and understand the Notice of Privacy Practices at Orthotech Orthopedics.

_____ _____

Patient Name Patient Signature

_____ _____

Date Witness

Office Use Only

I attempted to obtain patient signature in acknowledgement of our Notice of Privacy Practices, but was unable to do so as documented as below:

Date: _____ Initials: _____ Reason: _____