

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

FONDREN ORTHOPEDIC GROUP L.L.P.

I, [name of patient] _____, acknowledge and agree that I have reviewed a copy of **Fondren Orthopedic Group's Notice of Privacy Practices**.

Patient Signature

Date

Signature of Patient's Legal Representative (if applicable)

Date

Print Name of Legal Representative

Relationship to patient

Clinic Use Only:

Fondren Orthopedic Group, LLP made the following good faith efforts to obtain the above-referenced individual's written acknowledgement 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.]**

Signature of Employee

Date

Print Name of Employee

Title