



Written Acknowledgement of Receipt

I, _____, acknowledge that I have received the written

Patient Name

Notice of Privacy Practices from Green Bay Orthopedics, LTD

Patient or Personal Representative Signature

Date

If Personal Representative, describe relationship

Date

- The patient's condition prohibits the individual from signing acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves
- Acknowledgment was unable to be obtained. Reason: _____

Employee Signature

Date