

SOMERS ORTHOPAEDIC SURGERY & SPORTS MEDICINE GROUP, P.L.L.C.

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ACKNOWLEDGEMENT

I hereby acknowledge receipt of the Notice of Privacy Practices.

Signature

Print Name

Date

* This acknowledgement reflects the proposed modifications to § 164.520 of the privacy standards as set forth by the Department of Health and Human Services at 67 Fed. Reg. 14814 (March 27, 2002). It applies to health care providers with direct treatment relationships. This acknowledgement, or some other form of acknowledgement (e.g., initials), can be on a cover sheet to be retained by the provider, on a separate list apart from the notice, or otherwise.