



Acknowledgement of Receipt of Privacy Notice

I acknowledge that I have received a copy of the Juneau Bone & Joint Center (JB&JC) Privacy Notice that describes how my health information is used and shared. I understand that JB&JC has the right to change this notice at any time.

My signature below, constitutes my acknowledgement that I have received a copy of the notice of privacy practices.

Patient name

Date

Signature of patient or legal representative

Relationship to patient

I understand my HIPPA rights and I request Juneau Bone & Joint Center to leave messages, including those containing personal health information for me, with either of the two individuals listed below, or by fax, voicemail, answering machine at the numbers below:

Fax _____

Voicemail / Answering Machine _____

Relative / Friend

1) _____

2) _____

Signature of patient or legal representative

Relationship to patient

Signature of JB&JC employee/witness: _____