

Orthopedic Surgeons of Wisconsin

Written Acknowledgement of Receipt

I, _____, acknowledge that I have received the written
Patient Name
Notice of Privacy Practices from Orthopedic Surgeons of Wisconsin.

[Patient or Personal Representative Signature]

[Date]

If Personal Representative, describe relationship

The patient's condition prohibits the individual from signing an 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