The Centers
for Advanced Orthopaedics

Orthopaedic Specialists
of Metropolitan Washington

Notice of Privacy Practices Acknowledgment Form

Name of Patient (Print): _____ **Date of Birth:** _____

I acknowledge that I have received a copy of the Notice of Privacy Practices (the "Notice") for Centers for Advanced Orthopaedics, LLC.

Signature: _____ **Date:** _____
(Patient or personal representative with appropriate legal authority)

Electronic Notice: If you would like to receive updates or changes to the Notice electronically, please provide your personal email address: _____. You will also be able to receive paper copies of the current Notice upon request.

If signed by a Personal Representative:

Print Name: _____ Relationship to Patient: _____
(Parent, guardian, etc.)

--- OFFICE USE ONLY ---

If the Patient has a Personal Representative with legal authority to make health care decisions on the Patient's behalf, the Notice must be given to, and acknowledgment obtained from, the Personal Representative. ***If the Patient or Personal Representative did not sign above, document when and how the Notice was given to the Patient or Personal Representative and why the signed acknowledgment could not be obtained.***

Notice of Privacy Practices given to the individual on _____(date) **by:**

☐ Face to face meeting ☐ Email
☐ Mailing ☐ Other: _____

Reason Individual or Personal Representative did not sign this form:

☐ Patient or Personal Representative chose not to sign
☐ Patient or Personal Representative did not respond after more than one attempt
☐ Email receipt verification
☐ Other: _____

Good Faith Efforts: The following good faith efforts were made to obtain the Patient's signature or, if applicable, the signature of such Patient's Personal Representative. Please document with detail (e.g., date(s), time(s), individuals spoken to and outcome of attempts) the efforts that were made to obtain the Patient's signature or, if applicable, the signature of such Patient's Personal Representative.

Face to face presentation(s): _____

Telephone contact(s): _____

Mailing(s): _____

Email attempts: _____