



COLUMBUS
ORTHOPEDIC &
SPORTS MEDICINE
CLINIC, P.C.

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Phone (402) 563-3644 • Fax (402) 564-5805

Privacy Notice Written Acknowledgement

Patient Name: _____ Medical Record # _____

I have received the Columbus Orthopedic & Sports Medicine Clinic Notice of Privacy Practice effective April 14, '03.

Signature of Patient/Legal Guardian

Date

Relationship to Patient

Privacy Notice Version #

Witness

Note: If signed by someone other than the patient, we need written proof of your authority.

Documentation of Good Faith Effort

° Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to acknowledge the receipt of the notice of Privacy Practices.

° Other _____

Witness

Date

This page is to be placed in the patient's file.