



RECEIPT OF NOTICE OF PRIVACY PRACTICES

I was given the opportunity to receive a copy of Nebraska Orthopaedic Center P.C.'s Notice of Privacy Practices which are effective January 1, 2022.

I understand that the Notice describes the uses and disclosures of my protected health information and informs me of my rights with respect to my protected health information.

Date

Patient Printed Name

Patient Signature*
*Parent/Guardian Signature if patient is a minor

*****FOR OFFICE USE ONLY*****

Patient ID