

Acknowledgment of Receipt of Notice of Privacy Practices

I, _____, have received the

Notice of Privacy Practices from McHenry County Orthopaedics, SC.

X _____

Date: _____

In lieu of patient signature, I, _____,

a staff member of McHenry County Orthopaedics, SC, state that

_____ has been given our current

Notice of Privacy Practices.

X _____

Date: _____