

PF-2000 Acknowledgement of Receipt of Notice of Privacy Practices

Blue Ridge Bone & Joint reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for Blue Ridge Bone & Joint.

Name of Patient (Print)

Signature of Patient

Date

Signature of Patient Representative

Relationship to Patient

(Required if the patient is a minor or an adult who is unable to sign this form.)