Written Acknowledgement of Receipt

I, ____________________________, acknowledge that I have received the written Notice of Privacy Practices from Hand to Shoulder Specialists of Wisconsin.

____________________________  __________________________
Patient or Personal Representative Signature  Date

____________________________
If Personal Representative, describe relationship

☐ The patient’s condition prohibits the individual from signing an acknowledgement at this time. It will be obtained as reasonably practicable after the patient's condition improves.

☐ Acknowledgement was unable to be obtained. Reason:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________  __________________________
Employee Signature  Date