

SOUTH TEXAS CENTER FOR ORTHOPAEDICS

ELLIOTT I. CLEMENCE, MD

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

South Texas Center for Orthopaedics has provided you a copy of its Notice of Privacy Practices. The South Texas Center for Orthopaedics Notice of Privacy Practices explains your privacy rights and how we may use and disclose your protected health information (PHI).

If you have any questions about the information described in South Texas Center for Orthopaedic's Notice of Privacy Practices, please contact the Practice Office Manager at (210) 924-9000.

My signature below indicates that I have been provided with a copy of South Texas Center for Orthopaedic's Notice of Privacy Practices.

Signature of Patient or Legal Representative

Date

Print Patient Name

Patient's Date of Birth

For Office Use Only: Route this form to the medical records department to be placed in patient chart.

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