

Hand & Upper Extremity Center

Acknowledgement of Notice of Privacy Practices

Hand & Upper Extremity Center reserves the right to modify the privacy practices out-lined in this notice.

Signature

I have received a copy of the "Notice of Privacy Practices" for **Hand & Upper Extremity Center**.

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

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

Relationship of Patient Representative to Patient