Hand Surgery Ltd.

Written Acknowledgement of Receipt

I, _____ , acknowledge that I have received the written
Patient Name

Notice of Privacy Practices from Hand Surgery Ltd..

_____ _____
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.

☐ Acknowledgment was unable to be obtained. Reason: _____

_____

_____

_____

_____ _____
Employee Signature Date