

Action Brace & Prosthetic, Inc.

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of Action Brace & Prosthetic's health care operations. The Notice of Privacy Practices also describes my rights and Action Brace & Prosthetic's duties with respect to my protected health information. The Notice of Privacy Practices is posted in 5942 W. 71st Street Indianapolis, IN. 46278 & 650 E. Southport Rd. Ste. F Indianapolis, IN. 46227 and on Action Brace & Prosthetic's website at actionbp.com.

Action Brace & Prosthetic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing Action Brace & Prosthetic's website.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

Please list 2 Personal Representatives:

The persons listed below have complete authority to receive information regarding my care & treatment at Action Brace & Prosthetic, Inc. and may also pick up any and all additional products that I may receive from the facility.

Personal Representatives are defined as a family member (or other relative), or a close friend, or personal representative, who is directly involved with the patient's care (or payment for care).

Name of personal representative

Name of personal representative