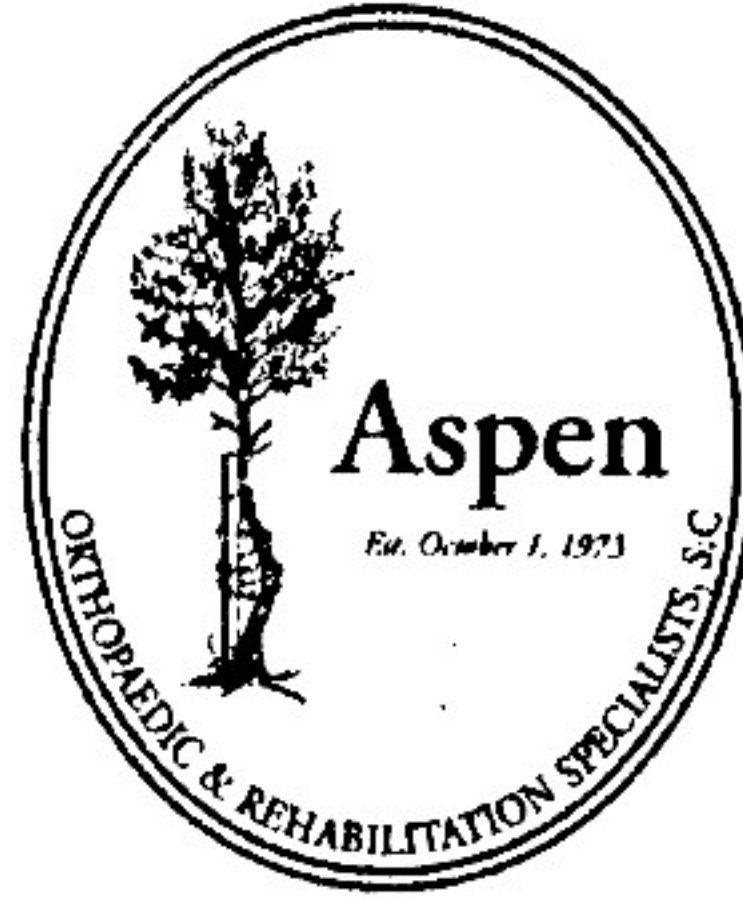


Aspen Orthopaedics

Written Acknowledgement of Receipt



I, _____, acknowledge that I have received the
Please Print Patient Name
Written Notice of Privacy Practices from Aspen Orthopaedics.

Patient's or Personal Representative's 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