



Written Acknowledgement of Receipt

Acknowledgement of Receipt of Privacy Practices

Your privacy and the privacy of your protected health information are important to us. To provide you with health care, we must share your protected health information (PHI). Our Notice of Privacy Practices (NPP) gives you information about how we may use and disclose your PHI. You have the right to review our NPP before signing this Acknowledgement. Our privacy practices may change over time. If we change our NPP, we will provide you with a new copy the next time you receive care.

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices, if requested.

Ownership Disclosure Notices

Aspen MRI Department and Aspen Physical Therapy Departments

Please be advised that Drs. Jeffrey E. Larson, Sean E. Wilson and Justin W. Peterson have an ownership interest in the MRI Department and Physical Therapy Departments at Aspen Orthopedic Specialists. In the course of your diagnosis and/or treatment at our office, you may be referred for an MRI exam, for therapy or for surgery. If you prefer that the services for which you are referred be provided at a different facility, please notify one of our staff members at, or as soon as possible after, the time of such referral so that alternative arrangements can be made.

Orthopaedic Hospital of Wisconsin

Please be advised that Drs. Ryan J. Kehoe, Lawrence J. Maciolek, Jonathon O. Printz and Robby A. Amiot have an ownership interest in the Orthopaedic Hospital of Wisconsin. In the course of your diagnosis and/or treatment at our office, you may be referred for services at the Orthopaedic Hospital of Wisconsin. If you prefer that the services for which you are referred be provided at a different facility, please notify one of our staff members at, or as soon as possible after, the time of such referral so that alternative arrangements can be made.

Relja Innovations, LLC

Please be advised that Drs. Robby A. Amiot and Sean E. Wilson have an ownership interest in Relja Innovations. In the course of your diagnosis and/or treatment at our office, treatment using bunion surgical products manufactured or sold by Relja Innovations may be recommended when appropriate. This disclosure is made to assist you in making an informed decision about your treatment options, including the option of using bunion surgical products manufactured or sold by other companies.

Name of Patient

Signature of Patient/Personal Representative

Date Signed

Relationship to Patient if signed by Personal Representative

OFFICE USE ONLY:

Our practice will make a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices provided to the individual. If written acknowledgement is NOT obtained, our practice must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not obtained.

- 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.
- The patient refused to sign the acknowledgment.
- Other. Reason: _____

Date Signed

Employee Signature