



Written Acknowledgment of Receipt

Acknowledgment 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 Acknowledgment. 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, Robby A. Amiot, 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 and Jonathon O. Printz 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.

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

- The patient's condition prohibits the individual from signing an acknowledgment 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: _____

Employee Signature

Date Signed