



**PROSTHETIC
ORTHOTIC
INSTITUTE**

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name & Address: _____

I hereby acknowledge that I have received a copy of **Prosthetic and Orthotic Institute's** *NOTICE OF PRIVACY PRACTICES*.

Signature

Date

For Prosthetic and Orthotic Internal Use Only

We were unable to obtain a written acknowledgment of receipt of the Notice of Privacy Practices because:

An emergency existed & a signature was not possible at the time.

The individual refused to sign

A copy was mailed with a request for a signature by return mail.

Unable to communicate with the patient for the following reason:

Other: _____

Prepared By: _____

Signature: _____

Date: _____