

Acknowledgement of Receipt of
NOTICE OF PRIVACY PRACTICES

I hereby certify that I have received a copy of the "Notice of Privacy Practices" which describes how Riverside Orthotics and Prosthetics may disclose my protected health information will be used and disclosed in carrying out my treatment, collection of my bills or health care operations and for other purposes that are permitted or required by law. It also describes my rights to access and control of my protected health information. My "protected health information" means any of my written and oral health information, including demographic data that can be used to identify me. This is health information that is created or received by Riverside Orthotics and Prosthetics and that relates to my past, present or future physical or mental health or condition.

Riverside Orthotics and Prosthetics reserves the right to change the privacy practices that are described in its Notice of Privacy Practices. Riverside Orthotics and Prosthetics also reserve the right to apply these changes retroactively to PHI received before the change in privacy practices. I understand that I may obtain a revised Notice of Privacy Practices by calling Riverside Orthotics and Prosthetics at (812) 479-7577 and requesting a revised copy be sent by mail or by asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

MEDICARE PATIENTS ONLY

Acknowledgement of Receipt of Medicare DMEPOS Supplier Standards

Signature of Patient or Personal Representative

Date