



**THE ORTHOPEDIC PARTNERS**  
AN RCM CLINIC

PARK CITY • HEBER CITY • SALT LAKE CITY

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**ACKNOWLEDGMENT  
NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that a copy of THE ORTHOPEDIC PARTNER'S Notice of Privacy Practices was provided to me. I further acknowledge and understand that if I have any questions about The Orthopedic Partner's privacy practices or my rights with regard to my personal health information, I may contact the appropriate person for further information as set forth in the Notice.

\_\_\_\_\_  
Name of Patient (and Patient's Representative, if one)

\_\_\_\_\_  
Patient Identification #

\_\_\_\_\_  
Signature of Patient (or Patient's Representative)

\_\_\_\_\_  
Date

**Authorization to Use and Disclose Protected Health Information**

I authorize release of my protected health information to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_