

**Sports Medicine and Orthopedic Center, SC**

**Written Acknowledgement of Receipt**

I, \_\_\_\_\_, acknowledge that I have received the written  
Patient Name

Notice of Privacy Practices from Sports Medicine and Orthopedic Center, SC.

\_\_\_\_\_  
[Patient or Personal Representative Signature]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
If Personal Representative, describe relationship

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.

Acknowledgement was unable to be obtained. Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date