



Phone: 916-932-4163 Fax: 916-932-4167

**Acknowledgment of Receipt of Privacy Practices**

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received a copy or have been given the opportunity to receive a copy of Ortho-Gen's Notice of Privacy Practices. I also understand that Ortho-Gen has the right to change its Notice of Privacy Practices, and that I may contact Ortho-Gen at any time to request the most current copy of their Notice of Privacy Practices.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Patient Name