

River Cities Bone and Joint Centre

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Joseph R. Leith, M.D., P.S.C. reserves the right to modify the privacy practices out-lined in the notice. By signing below I acknowledge I have received a copy of the Notice of Privacy Practices for Joseph R. Leith, M.D., P.S.C.

Name of Patient

Signature of Patient

Date

Signature of Patient Representative

Relationship