

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of Arizona Prosthetic Orthotic Service's (APOS) Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of APOS's health care operations. The Notice of Privacy Practices also describes my rights and APOS's duties with respect to my protected health information. The Notice of Privacy Practices is posted in the waiting room area and on APOS's website at www.apos.net .

APOS reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Privacy Practices by calling the office and requesting a revised copy be sent via mail, asking for one at the time of my next appointment, or accessing APOS's website.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority

Date