

Acknowledgment  
of Receipt of Privacy Notice  
for Jain Hand Surgery Center

We are required by law to provide you with a copy of our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our receptionist to acknowledge that you have been provided with a copy of our Notice.

\_\_\_\_\_  
Signature of Patient (or legal Representative)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title of Employee

\_\_\_\_\_  
Date

Comments: