



Franklin Orthopedics
 7400 W Rawson Ave, Suite 225
 Franklin, WI 53132
 414-425-8232

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

By signing this form, you acknowledge that Franklin Orthopedics has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

I have received Franklin Orthopedics' Privacy Notice.

Print Name

Unique Identifier

Patient's Signature

Date

<p><i>For office use only:</i> Patient Name: _____ Medical Record #: _____ Date of Admission: _____ Filed electronically: ___ Yes ___ No Forward completed form to HIS to file in patient's chart: ___ Yes ___ No</p>

Franklin Orthopedics' staff should complete if Acknowledgement Form is not signed:

- Does patient have a copy of the Privacy Notice? Yes No
- If you answered "No" above, please explain why the patient did not sign an acknowledgement form and [PROVIDER'S] efforts in trying to obtain the patient's signature (check all that apply):

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Patient Unable to Comprehend | <input type="checkbox"/> Patient/Legal Representative Left before Signature Obtained |
| <input type="checkbox"/> Patient Communication Barrier | <input type="checkbox"/> Emergency Admission/Patient Not Present for Registration |
| <input type="checkbox"/> Legal Representative not Available | <input type="checkbox"/> Patient bypassed Registration – Not Available |
| <input type="checkbox"/> Other: _____ | |

3. Completed by:

 Workforce Member Signature

 Title

 Date