

**Notice of Privacy Practices: Acknowledgement of Receipt**

By signing below, you acknowledge receipt of Notice of Privacy Practices of Spectrum Orthotics & Prosthetics, Inc. Our Notices of Privacy Practices provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our website at [www.spectrumoandp.com](http://www.spectrumoandp.com) or by contacting our organization at 541-734-2435.

I acknowledge receipt of the Notice of Privacy Practices of Spectrum Orthotics & Prosthetics, Inc.

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Inability to Obtain Acknowledgement**

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reason why the acknowledgement was not obtained:

Patient's Name: \_\_\_\_\_

Reasons why the acknowledgement was not obtained:

Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices

Other: \_\_\_\_\_

Signature of provider representative: \_\_\_\_\_ Date: \_\_\_\_\_