

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

Lehigh Valley Institute of Sports & Musculoskeletal Medicine
65 East Elizabeth Avenue
Bethlehem, PA 18018
610-691-8537

Bonnie Frommer, Privacy Officer

Name of Patient: _____

I hereby acknowledge that I have received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

Signed: _____ Date: _____

Print Name: _____ Date: _____

If not signed by the patient, indicate your relationship to the patient: _____

For Office Use Only:

- Signed form received by: _____

- Acknowledgement refused:

Efforts to obtain: _____

Reasons for refusal: _____