



**Nirschl Orthopaedic Center
for Sports Medicine & Joint Reconstruction**

Virginia Sportsmedicine Institute

Phone: (703) 525-2200 Fax: (703) 522-2603



PATIENT ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE

Patient's Name: _____

I acknowledge receipt of the Notice of Privacy Practices given to me by Nirschl Orthopaedic Center for Sports Medicine and Joint Reconstruction.

Signature of Patient or Legal Representative

Date

If Signed by Representative, Relationship to Patient: _____