

PHYSICIAN \_\_\_\_\_



ACCOUNT # \_\_\_\_\_

**JORDAN-YOUNG INSTITUTE**  
A DIVISION OF ORTHOPAEDICS VIRGINIA, INC.

# WRITTEN ACKNOWLEDGEMENT

OUR NOTICE OF PRIVACY PRACTICES PROVIDES INFORMATION ABOUT HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU. AS PROVIDED IN OUR NOTICE, THE TERMS OF OUR NOTICE MAY CHANGE. IF WE CHANGE OUR NOTICE, YOU MAY OBTAIN A REVISED COPY.

I, \_\_\_\_\_ (PLEASE PRINT PATIENT NAME)  
HAVE RECEIVED A COPY OF THE JORDAN-YOUNG INSTITUTE NOTICE OF PRIVACY PRACTICES.

I HAVE HAD AN OPPORTUNITY TO READ THE NOTICE OF PRIVACY PRACTICES.

I UNDERSTAND THAT I MAY ASK QUESTIONS OF THE JORDAN-YOUNG INSTITUTE IF I DO NOT UNDERSTAND ANY INFORMATION CONTAINED IN THE NOTICE OF PRIVACY PRACTICES.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

-OR-

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE OF PATIENT

\_\_\_\_\_  
RELATIONSHIP TO PATIENT

\_\_\_\_\_  
DATE