



Patient Acknowledgement Receipt of Privacy Notice

I hereby affirm that I have received a copy of the *Notice of Privacy Practices* from Optech Orthotics and Prosthetics Services, Ltd. Under federal law 104-191, also known as HIPAA, I am entitled to receive a copy of this *Notice* from my healthcare provider.

I understand that my signature on this Acknowledgement only signifies that I have received a copy of the *Notice*, and does not legally bind or obligate me in any way.

I understand that I am entitled to receive a copy of the *Notice of Privacy Practices* from my healthcare provider, whether I sign this Acknowledgement or not.

Patient (or Representative) Name	Patient (or Representative) Signature	Date
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Description of Personal Representative's Authority (if applicable)

▼▼▼ FOR OFFICE USE ONLY ▼▼▼

Received by:	
Date Received:	Time Received:
Patient Declined <input type="checkbox"/>	
Staff Signature:	

<b>Kankakee</b> 119 E Court Street Kankakee, IL 60901 (815) 932-8564	<b>Joliet</b> 121 Springfield Avenue Joliet, IL 60435 (815) 741-9700	<b>Watseka</b> 200 N Laird Lane Watseka, IL 60970 (815) 432-7783	<b>Orland Park</b> 18016 S Wolf Road Orland Park, IL 60467 (708) 364-9700	<b>Evergreen Park</b> 3900 W. 95th Street Evergreen Park, IL 60805 (866) 996-7832
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