



L.A. Orthopedic Institute

Edward J. McPherson, M.D., F.A.C.S, F.A.C.G.S.

LOS ANGELES OFFICE
201 South Alvarado Street, Suite 501
Los Angeles, California 90057
TEL 213.207.5660 FAX 213.207.5626
www.laoi.org

RIDGECREST OFFICE
540 Perdue Street, Suite D
Ridgecrest, CA 93555
TEL 760.446.6152 FAX 760.446.0729

Joint Notice of Privacy Practices for Health Information (NPP)
Acknowledgement Form

Effective April 14, 2003, the law requires that LA Orthopedic Institute give to a patient a copy of its Notice of Privacy Practices for Health Information. We will give you a copy at the time of first treatment and, if we change our notice, thereafter at the next treatment visit. By signing, below, you acknowledge receipt of such as the patient, the patient's personal representative, the patient's authorized agent, or an individual involved in the patient's medical care.

Acknowledgment
Signature: _____ Date: ____/____/____

Print Name: _____ Relationship _____
to patient

For Official Use

I provided a copy of the NPP to the patient (or personal representative) but was unable to obtain his or her written acknowledgment of receipt of such for the following reasons:

I have attempted to provide to the patient (or personal representative) a copy of the NPP, but was unable to do so for the following reasons:

Signature of LAOI Representative _____ Date: ____/____/____

Print Name: _____ Department: _____
