



## **Orthopaedic & Sports Medicine at Cypress, LLC**

### **Acknowledgment of Receipt of Privacy Notice (HIPAA Brochure)**

I acknowledge that I have received the attached Privacy Notice.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

In the event the patient is unable to sign, a signature by the designated personal representative is acceptable.

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Relationship to Patient