

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received the Notice of Privacy Practices from Sandhills Sports Performance.

Signature: _____

Date: _____

Emergency Contact Name and Number: _____

List names of anyone or office that you allow access to your medical records and health information: _____

For Office Use only

In lieu of patient signature, I, _____, a staff member of Sandhills Sports Performance, state that _____ has been given our current Notice of Privacy Practices.

Signature: _____

Date: _____