



Orthopaedic Associates of Zanesville

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WRITTEN ACKNOWLEDGEMENT OF PRIVACY PRACTICES:

I acknowledge that I have reviewed a copy of the Practice's Notice of Privacy Practices, which sets forth ways in which my medical record information can be used or disclosed by the Practice and which outlines my rights to this information. I understand that I may receive a copy of the Practice's Notice of Privacy Practices upon request.

Print Name

Date

Signature of Patient or Legal Guardian

Relationship to Patient:

- Self DPOA
 Guardian Parent