

**HAMPSHIRE ORTHOPEDICS & SPORTS MEDICINE, INC.**

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**NOTICE OF PRIVACY PRACTICES RECEIPT**

I acknowledge that I have reviewed a copy of **Hampshire Orthopedics & Sports Medicine, Inc.** Notice of Privacy Practices. A paper copy of this document is available to me upon request.

Print Name: \_\_\_\_\_  
Patient

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If the signature above is not the patient's, please specify your relationship to the patient:

Relationship: \_\_\_\_\_

OFFICE NOTES:

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