



Orthopedic Surgery

RICHARD C. ROSENBERG, M.D.

Diplomate American Board of Orthopedic Surgery

ACKNOWLEDGEMENT OF RECEIPT OF "NOTICE OF PRIVACY PRACTICES"

I, _____ (PRINT NAME), acknowledge
that I have received a copy of the HIPPA approved "Notice of Privacy Practices"
used in the office of Dr. Rosenberg.

I understand that I can download and print this notice from our website, or I
can request a copy for my records.

Patient Signature

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Relationship of Patient Representative to Patient

Please bring this signed page ONLY to our office on your first appointment.

Tel 818.996.6800 | Fax 818.996.2929
18370 Burbank Boulevard | Suite 614 | Tarzana | California | 91356
Satellite Offices | Santa Ana | Oxnard