

Orion Medical

Acknowledgment of Receipt Of Privacy Notice

By signing this form, you are agreeing that you have received a copy of the Orion Medical Privacy Notice, which describes how we use and disclose your health information. You have the right to refuse to sign this Acknowledgment, in which case we must document our good faith effort to obtain your acknowledgment and the reason why it was not obtained.

Receipt of Privacy Notice acknowledged by:

Signature

Date

Print Name

Relationship to patient:

Self

Other: _____