

## Receipt of Notice of Privacy Practices Written Acknowledgment

I, \_\_\_\_\_, have received a copy of the  
(Patient Name)

### Notice of Privacy Practices of Ozark Surgical Group

We will share your medical information with your referring physician and any physician(s) to whom we refer you.

We will not discuss your care or provide medical information to anyone outside the medical community without your permission.

Please list all individuals with whom we may discuss your care. (i.e. spouse, children, sister, brother, mother, father, grandmother, neighbor, friend, clergy.)

**Name**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Chart Number