

**Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_, have received the Notice of Privacy Practices from JNR Sports Medicine, P.C. / Donald J. Rose, M.D.

X \_\_\_\_\_ Date: \_\_\_\_\_

In lieu of patient signature, I, \_\_\_\_\_, a staff member of JNR Sports Medicine, P.C. / Donald J. Rose, M.D., state that \_\_\_\_\_ has been given our current Notice of Privacy Practices.

X \_\_\_\_\_ Date: \_\_\_\_\_