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Notice of Privacy Practices Acknowledgment

I understand my health information is private and confidential. Multi Sport Orthotics makes continuing efforts to protect the privacy and confidentiality of my personal health information.

I understand that Multi Sport Orthotics may use and disclose my personal health information to provide health care, to handle billing and payment, and to take care of other health care operations. (There will be no other disclosures of this information unless I specifically permit it. I understand that rarely the law may require the release of information without my permission.)

Multi Sport Orthotics has a detailed policy called the “Notice of Privacy Practices”. It contains information about protecting my privacy. This “Notice of Privacy Practices” may be updated as needed and a copy will be available upon request. I will assist Multi Sport Orthotics by following office procedures (written request, reasonable time for completion and copying charges where indicated) if I choose to exercise any of my rights described in the “Notice of Privacy Practices”. These rights include access, permission for release, record of disclosures, and communication by the available method of my choice.

My signature below indicated that I have read and may request a current copy of Multi Sport Orthotics’ “Notice of Privacy Practices”.

Patient or legally authorized signature

Today’s Date

Date of Birth

Relationship (if signed by someone other than the patient)