**ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES**

Federal Law requires all physician offices to have a signed privacy statement on file for every patient. To legally provide care, we must have a signed Acknowledgement of Privacy Practices on file. This law is intended to protect the privacy of your medical information.

Performance Injury Care & Sports Medicine, Inc. complies with all Federal Civil Rights Laws and does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

(initial)

\_\_\_\_\_I agree that telephone messages regarding my appointments, prescriptions renewals, lab results and other protected health information pertinent to my care may be left for me on voicemail systems at the numbers provided to Performance Injury Care & Sports Medicine.

(initial)

\_\_\_\_\_I have acknowledged that I am aware of the Performance Injury Care & Sports Medicine, Inc. Notice of Privacy Practices and that I can receive a copy if I wish to do so.

Printed Name of Patient Date of Birth

Signature of Patient or Patient Representative Date Signed

Relationship to Patient – Parent, Guardian, Power of Attorney

Clinic Witness Date Signed