

**Surgical Spine Associates
Privacy Practices Notice Acknowledgement**

Acknowledgement:

I acknowledge that I have received the attached copy of the Surgical Spine Associates Notice of Privacy Practices. I also acknowledge that a copy of the Privacy Practices is available on the internet at www.surgical-spine-associates.com

Patient or Personal Representative
Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient:
