



## Notice of Privacy Practices (HIPAA) Signature Form

This signature page is in reference to the form entitled:

### Notice of Privacy Practices (HIPAA)

The undersigned certifies that he/she has received a copy of the **Notice of Privacy Practices (HIPAA)**, and is the patient, or is duly authorized by the patient as the patient's representative.

This HIPAA document can be found on the Somers Orthopaedics website at [www.somersortho.com](http://www.somersortho.com), by clicking on the Patient Resources Tab at the top of the home page.

---

Patient Signature (or Patient's Representative)

---

Print Name

---

Date

### **Statement of Discrimination**

Somers Orthopaedic Surgery & Sports Medicine Group, PLLC, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Somers Orthopaedic Surgery & Sports Medicine Group, PLLC, cumple con las leyes federales de derechos civiles y no discrimina por raza, color, origen nacional, edad, discapacidad o sexo.