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Main: (202) 955-6001
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Acknowledgement of Receipt for Notice of Privacy Practices

I, _____, have received a copy of the Nerve Bone &
Print Patient Name

Joint Institute PLLC Notice of Privacy Practices. I understand that if I have any questions or concerns, I may contact the Nerve Bone & Joint Institute at 202-955-6001.

Signature of Patient or Patient's Representative

Date