

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____, have received the Notice of Privacy Practices from JNR Sports Medicine, P.C. / Donald J. Rose, M.D.

X _____ Date: _____

In lieu of patient signature, I, _____, a staff member of JNR Sports Medicine, P.C. / Donald J. Rose, M.D., state that _____ has been given our current Notice of Privacy Practices.

X _____ Date: _____