



OKLAHOMA CENTER FOR
ORTHOPAEDICS & SPORTS MEDICINE

M. Sean O'Brien, D.O.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I _____
(Patient Name) acknowledge that I have received a copy of Oklahoma Center for Orthopaedic Excellence & Sports Medicine's Notice of Privacy Practices. This Notice describes how Oklahoma Center for Orthopaedic Excellence & Sports Medicine may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

Signature of Patient, or Personal Representative

Date

Relation to Patient

ACCESS TO MEDICAL RECORDS

The person or persons listed below may have access to my medical records.

Name

Relation to Patient

Name

Relation to Patient