

**Acknowledgement of Receipt of Notice
Audubon Orthopedics and Sports Medicine**

**3939 Houma Blvd. Suite 18
Metairie, LA 70006
(504)455-0093**

**2820 Napoleon Ave. Suite 620
New Orleans, LA 70115
(504)897-4411**

**I hereby acknowledge that I received a copy of this medical practice's
Notice of Privacy Practices.**

Signed: _____ Date: _____

Print Name: _____ Telephone: _____

If not signed by the patient, please indicate relationship:

- parent or guardian of minor patient**
- guardian of conservator of an incompetent patient**
- beneficiary of personal representative of deceased patient**

Name of patient: _____

For Office Use Only:

Signed form received by: _____

Acknowledgment refused:

Efforts to obtain:

Reason for refusal:
