

**TOOELE ORTHOPAEDICS &
SPORTS MEDICINE SPECIALISTS, PC**

DR. JOHN DOUGLAS

**NOTIFICATION AND ACKNOWLEDGEMENT OF
NOTICE OF PRIVACY PRACTICES
REGARDING PROTECTED HEALTH INFORMATION**

Our Notice of Privacy Practices provides detailed information about how we may use and disclose protected health information about you. As a [patient/covered individual] you have a right to a copy of that Notice. You may obtain a copy of the Notice from our office at:

Tooele Orthopaedics & Sports Medicine Specialists, PC
Attention: HIPAA Compliance Officer
2356 N. 400 E., Ste: 102
Tooele, Utah 84074

We reserve the right to change the Notice, and if we do, you may obtain a copy of the revised Notice from the same location noted above.

Please acknowledge your receipt of this notification by signing below and returning it to the receptionist, Thank you.

Signature: _____

Date: _____