Effective Date: April 14,2003

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

Michigan Orthopaedic Spine Surgeons
Richard W. Easton, M.D.
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Christopher A. Hulen, M.D.
Nicholas S. Papakonstantinou, M.D.
John S. Papkonstantinou, M.D.
Nathan A. Rimmke, M.D.

I have received a copy of the Notice of Privacy Practices for the above named physicians.

_____
Name of Patient (Print or Type)

_____
Signature of Patient Date

_____
Name of Patient Representative (Print or Type) Relationship

_____
Signature of Patient Representative Date
(Required if the patient is a minor or an adult who is unable to sign this form)

Additional Authorization

In addition to the practices outlined in our Privacy Notice, I gave the above named physicians my authorizations to release my personal medical and or financial information to:

_____
Name (Print or Type) Relationship

_____
Patient Signature Date