



Vermont Sports Medicine Center

Acknowledgement of Receipt of Summary Notice of Privacy Practices

I, _____, have received the Summary of our Notice of Privacy Practices from Vermont Sports Medicine Center.

Signature: _____ Date: _____

In lieu of patient signature, I _____, a staff member of Vermont Sports Medicine Center, state that _____ has been given our current Summary Notice of Privacy Practices.

Signature: _____ Date: _____