Ross E. Marburger, MD & John P. Morgan, MD
1150 Lincoln Avenue Evansville, IN 47714
Phone: (812) 402-HAND (4263) Fax: (812) 437-HAND

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received the Notice of Privacy Practices for Protected Health Information of Hand Center of Evansville.

Print Patient Name ____

Patient Signature ____ Date _____________

If the patient's Personal Representative signs for the patient, please indicate relationship to patient:

- ☐ Parent
- ☐ Spouse
- ☐ Adult Son or Daughter
- ☐ Adult Brother or Sister
- ☐ Adult Grandchild
- ☐ Court-Appointed Guardian
- ☐ Power of Attorney
- ☐ Other ____________________________________