



PROSTHETIC & ORTHOTIC DESIGNS, LLC.

Patient's Name

Acknowledgment of Receipt of Notice of Privacy Practices

I, the undersigned, certify that I have received a copy of Prosthetic & Orthotic Designs, LLC Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosure of my protected health information that might occur in my treatment, payment of my bills, or in performance of POD health care operations. The Notice of Privacy Practices also describes my rights and POD duties with respect to my protected health information. The Notice of Privacy Practices is posted in each perspective office, and we reserve the right to change the privacy practices that are described in the notice. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy sent in the mail or asking for one at the time of my appointment.

Patient/Guardian/Personal Representative Signature

Date

Relationship to Patient/Description of Authority

Printed Name of Guardian/Personal Representative

Acknowledgment of Medicare DMEPOS Supplier Standards

I, the undersigned, certify that I have received a copy of the Medicare DMEPOS Supplier Standards. The Medicare Supplier Standards describe the supplier standards every Medicare DMEPOS supplier must meet to obtain and retain billing privileges. The Medicare DMEPOS Supplier Standards describe the requirements needed by a supplier to be in compliance with all applicable Federal and State Licensure and regulatory requirements required by Medicare DMEPOS for all Medicare beneficiaries.

Patient/Guardian/Personal Representative Signature

Date

Relationship to Patient/Description of Authority

Printed Name of Guardian/Personal Representative