



Michiana's Leading
Musculoskeletal Resource

ACKNOWLEDGEMENT OF RECEIPT OF OSMC PRIVACY NOTICE

I acknowledge that I have received the OSMC Privacy Notice.

Print Patient Name

Date of Birth

Patient or Personal Representative
Signature

Date

If Personal Representative's signature appears above, please describe Personal Representative's relationship to the patient: _____

OSMC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, religion, pregnancy, sex, sexual orientation, gender identity, age, or disability.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-398-2058.

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1- 800-398-2058。