

Chattanooga Bone and Joint Surgeons, PC
1809 Gunbarrel Road
Chattanooga, TN 37421
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PATIENT ACKNOWLEDGEMENT

By indicating below, patient hereby acknowledges that he/she has received a copy of our Notice of Privacy Practices.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Description of such Personal Representative's authority to act for the patient, if applicable

Date _____

Copies of our Notice of Privacy Practices are available at the front desk counter for your review as well as on our website at cbjonline.com