

Acknowledgement of Receipt of Notice of Privacy Practices

I certify that I have received a copy of **MD ORTHOTIC & PROSTHETIC LABS, INC.'s** Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of **MD ORTHOTIC & PROSTHETIC LABS, INC.'s** health care operations. The Notice of Privacy Practices also describes my rights and **MD ORTHOTIC & PROSTHETIC LABS, INC.'s** duties with respect to my protected health information. **The Notice of Privacy Practices is posted in the reception area** and on **MD ORTHOTIC & PROSTHETIC LABS, INC.'s** website at www.mdopl.com

MD ORTHOTIC & PROSTHETIC LABS, INC. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at the time of my next appointment, or accessing **MD ORTHOTIC & PROSTHETIC LABS, INC. 's** website.

Signature of Patient or Personal Representative

Jonathan Devens
Name of Patient or Personal Representative

April 14, 2003
Date

Chief Operating Officer
Description of Personal Representative's Authority