Sagewell
ORTHOPAEDICS
Where wisdom meets wellness.

Receipt of Notice of Privacy Practices

I acknowledge that I was given the opportunity to receive a copy of Sagewell Orthopaedics, Notice of Privacy Practices.

Printed Name

_____

Signature (must be signed by a parent or legal guardian if patient is a minor)

_____

Date

_____

LOCATIONS

LINCOLN | 7350 Willowbrook Lane, Suite 102, Lincoln, NE 68516 | 402.466.0100

SYRACUSE | 2731 Healthcare Drive, Syracuse, NE 68446 | 402.269.2011

NEBRASKA CITY | 115 S. 8TH Street, Nebraska City, NE 68410 | 402.466.0100