

# Evergreen Prosthetics & Orthotics | HIPAA Documents & Supplier Standards Receipt

I certify that I have reviewed and I agree to the terms listed within the documents listed below. I also understand that a copy of these documents has been made available to me upon request.

## Document Description

- ✓ HIPAA Consent Form
- ✓ Notice of Privacy Practices
- ✓ Medicare Supplier Standards

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Printed Name of Patient

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Patient Signature

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Date

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Authorized Representative Signature, if other than patient

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Relationship to Patient