



ALL SPORTS ORTHOPEDICS

“Keep You In The Game”

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Privacy Practice

Acknowledgement of Receipt of Notice of Privacy Practice

I acknowledge and agree that I have received a copy of All Sports Orthopedics notice of Privacy Practices.

Is it okay to leave detailed voicemails? YES NO

Patient Name _____

Patient Signature _____

I authorize the people named below to have access to my medical information from All Sports Orthopedics.
