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**WRITTEN ACKNOWLEDGEMENT FORM**

Our Notice of Privacy Practices provides information about how we may use and disclose protected medical information (PHI) about you. As provided in our privacy notice, the terms of our privacy practices may change. If we change our policies, you may obtain a revised copy. A copy of the privacy practices is located on the front wall of our office. You may receive a written copy upon request.

I, \_\_\_\_\_, \_\_\_\_\_,  
Patient Name Parent/Guardian  
\*\*PLEASE PRINT NAME(S)\*\*

have read and/or received a copy of the Commonwealth Sports Medicine, PC Notice of Privacy Practices.

I understand that I may ask questions of Commonwealth Sports Medicine, PC, if I do not understand any information contained in the Notice of Privacy Practices.

\_\_\_\_\_  
Patient/Parent or Guardian/or Authorized Representatives Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date