

**Written Acknowledgement of Receipt
Of Notice of Privacy Practices**

I acknowledge that I have received a copy of Family Footcare's Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understand the notice.

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature

Internal Use Only:

If the patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to the patient/representative and sign below.

Presented on (date and time): _____

By (name): _____

Family Footcare, PC
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