

FOOT AND ANKLE PHYSICIANS, P.A.

PRIVATE NOTICE ACKNOWLEDGEMENT

I ACKNOWLEDGE RECEIPT OF THE PRIVACY NOTICE FROM FOOT AND ANKLE PHYSICIANS.
MY SIGNATURE ONLY ACKNOWLEDGES THE RECEIPT OF THIS PRIVACY NOTICE.

PATIENT/LEGAL GUARDIAN SIGNATURE: _____

RELATIONSHIP TO PATIENT: SELF ___ PARENT ___ SPOUSE ___ OTHER: _____

DATE SIGNED: ___/___/_____