

**FOOT DOCTORS, PSC  
ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

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**Patient Name (please print)**

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**Parent or Authorized Representative (if applicable)**

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**Signature**

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**Date**