

**ACKNOWLEDGMENT OF ACCESS TO FOOT CENTER'S**

**NOTICE OF PRIVACY PRACTICES**

Purpose: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgment.

I \_\_\_\_\_ have been provided access to this office's Notice of Privacy Practices. **\*\*You have the right to refuse to sign this document.\*\***

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Parent/Guardian Signature for If Minor Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Descripcion de la Autoridad del Representante Personal

Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but the acknowledgement could not be obtained because:

- The patient or individual refused to sign this document
  - Communications conflicts prohibited us from obtaining the acknowledgement
  - An emergency situation prevented us from obtaining acknowledgement
  - Other(Please Specify)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_