ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES
FOR CANTON FOOT SPECIALISTS

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 choose) and understand the notice.

_____ _____

Patient Name (Please Print) Date

_____

Patient or Authorized Representative (if applicable)

_____

Signature

OFFICE USE ONLY

( )PR ( ) Other _____

_____

CFS Signature