

**ACKNOWLEDGMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES
FOR
HARRISBURG FOOT AND ANKLE CENTER**

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or was given the opportunity to read) it. All of my questions have been answered and I understand all of its contents.

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature

