


<p>WRIGHT PODIATRY</p> 	<p><i>Acknowledgement of Receipt of Notice of Privacy Practices Form</i></p>	<p>Revision Number: A1</p>
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I have been given a copy of this Office's *Notice of Privacy Practices* ("Notice"), which describes how my health information is used and shared. I understand that this Office has the right to change this *Notice* at any time.

I am aware that I may obtain a current copy by contacting the Office's HIPAA Compliance Officer.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

<p>Signature of Patient or Personal Representative</p>	
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Patient Name

<p>Name of Personal Representative (if applicable)</p>	
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Date

For Facility Use Only: *Complete this section if you are unable to obtain a signature.*

1. If the resident or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

2. Describe the steps taken to obtain the resident's (or personal representative's) signature on the *Acknowledgement*:

<p>Completed by</p>	<p>AMY WEIN</p>
<p>Signature of Facility Representative</p>	
<p>Date</p>	