

CAPUTO FOOT & ANKLE CENTER

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Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE AND PATIENT POLICIES AND PROCEDURES

I hereby acknowledge that I have received, read and had a opportunity to ask questions concerning the above names practice's **Notice of Privacy Practice Policies and Procedures.**

The above named practice may discuss my treatment with the following people (include any family, friends or other contacts):

<u>NAME</u>	<u>PHONE #</u>	<u>RELATION TO PATIENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I may be contacted at the following locations:

_____yes _____no Home Ph# _____
_____yes _____no Work Ph# _____
_____yes _____no Other Ph# _____

May we leave a message
regarding your medical care/test
results on your answering machine?
_____yes _____no

Patient or Patient's Representative Signature

Print Patient's Name: _____
If signed by Representative, state name of
Representative: _____
Relationship to Patient: _____