



CHICAGO FOOT & ANKLE

Podiatric Medicine & Surgery

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Board Certified in Foot Surgery

NOTICE OF PRIVACY PRACTICES: *Acknowledgement of Receipt*

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of Chicago Foot & Ankle, P.C. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by: *contacting our office at 773-925-5700.*

If you have any questions about our *Notice of Privacy Practices*, please contact:

Chicago Foot & Ankle/Compliance Officer
5700 S. Kedzie Ave.
Chicago, IL 60629

I acknowledge receipt of the *Notice of Privacy Practices* of Chicago Foot & Ankle, P.C.

Patient's Name: _____

Signature: _____
(patient/parent/conservator/guardian)

Date: _____

INABILITY TO OBTAIN ACKNOWLEDGEMENT

Complete only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Patient's Name: _____

Reasons why the acknowledgment was not obtained:

- Patient refused to sign this acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices
- Other: _____

Signature of provider representative: _____ Date: _____