

San Francisco Foot and Ankle Center
Novato Foot and Ankle Center
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NOTICE OF PRIVACY PRACTICE & ACKNOWLEDGEMENT OF RECEIPT

The San Francisco Foot and Ankle Center Notice of Privacy Practice provides information about how we may use and disclose protected health information about you.

In addition to the copy we have provided you, copies of the current notice are available by accessing our website at footprince.com .

I acknowledge that I have received the Notice of Privacy Practice.

Signature of Patient or Patient's Representative

Date

Patient Name

Patient Representative Name & Relationship

Office Use:

If written acknowledgement is NOT obtained, please check reason:

- Notice of Privacy Practice Given – Patient Unable to Sign
- Notice of Privacy Practice Given – Patient Declined or Refused to Sign
- Other: _____

Staff Signature

Date

Staff Printed Name