

NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I was provided a copy of the “Notice of Privacy Practices” and that I have read (or have had the opportunity to read, if I so choose) and understand the notice.

**** Please make a section from the following List:**

I authorize The Foot and Ankle Center of Kirkland to leave a voicemail message regarding appointment only

I authorize the Foot and Ankle Center of Kirkland to send an email regarding appointment

I authorized The Foot and Ankle Center of Kirkland to send a text regarding appointment.

I authorized The Foot and Ankle Center of Kirkland to leave detail voicemail message regarding my appointment AND my care and/or my treatment information at the phone number I have provided.

I **DO NOT** authorize The Foot and Ankle Center of Kirkland to leave detail voicemail message regarding appointments, care and/or treatment information at the phone number I have provided.

Patient Name (Please Print)

Signature

Date

Parent or Authorized Representative

Relationship