



Magee Family Footcare

Acknowledgement of Notice of Privacy Practice

Effective June, 2003, our Notice of Privacy Practices provided information about how we may use and disclose protected health information about you. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you acknowledge that Magee Family Foot Care, PLLC has provided you with our Notice of Privacy Practice and answered any questions you may have.

Patient Signature

Date

Parent or Guardian Signature

Date