



## Acknowledgement of Review and Receipt of Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The notice contains a Patient Rights section describing your rights under the law. You have the right to review our notice before signing this consent.

By signing this form, you consent to the use and disclosure of protected health information about you for treatment, payment and other healthcare operations. Advanced Foot & Ankle Specialists, PA provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I authorize that Advanced Foot & Ankle Specialists, PA may contact me in the following manner (check all that apply):

### Home Telephone:

- OK to leave detailed message on answering machine or voicemail
- OK to leave message on machine or voicemail with call-back number only
- OK to leave message with family member or person answering call
- Do not leave message

### Work Telephone:

- OK to leave detailed message on answering machine or voicemail
- OK to leave message on machine or voicemail with call-back number only
- OK to leave message with family member or person answering call
- Do not leave message

### Cellular Telephone:

- OK to leave detailed message on voicemail
- OK to leave message with call-back number only
- Do not leave message

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Signature of Patient or Patient Representative

Date

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Printed Name of Patient or Patient Representative

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Description / Relation of Patient Representative Authority