

**Written Acknowledgement of Receipt  
Of Notice of Privacy Practices**

I acknowledge that I have received a copy of Family Footcare's Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understand the notice.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature

-----  
Internal Use Only:

If the patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to the patient/representative and sign below.

Presented on (date and time): \_\_\_\_\_

By (name): \_\_\_\_\_

**Family Footcare, PC**  
**1183 New Haven Rd, Naugatuck CT 06770 · Phone (203) 723-7884 · Fax (203) 723-2946**  
**52 Federal Rd, Unit 1A, Danbury CT 06810 · Phone (203) 792-3668 · Fax (203) 796-7478**  
**77 Main St North, Ste 104, Southbury CT 06488 · Phone (203) 405-6501 · Fax (203) 405-6504**