

Central Florida Foot & Ankle Specialists, P.A
RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have reviewed/received a copy of
Patient's Name

Central Florida Foot & Ankle Specialists, P.A.'s Notice of Privacy Practices.

Signature of Patient/Guardian

Date

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
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