

Acknowledgment of Receipt of Privacy Practices

I, _____ have received a copy of Metrowest Podiatry Services, P.C. Notice of Privacy Practices with an effective date of April 14, 2003

Name of Patient: _____
(If different than above)

Date: _____

Signature of Patient: _____

Date: _____

Name of Witness: _____

Date: _____

Signature of Witness: _____

Date: _____