Family Focused Foot & Ankle, Inc.

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____ acknowledge that I have received a copy of Dr. Mauriello's Notice of Privacy Policies. This notice describes how Dr. Mauriello may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information.

_____ _____

Signature of Patient, Guardian or Personal Representative Date

_____

Relationship to Patient

My information may be discussed with the following:

_____ _____

Name Relationship

_____ _____

Name Relationship

_____ _____

Name Relationship