

# San Carlos Podiatry

## Acknowledgment and Receipt of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices from Dr. Pardis A. Kelly, with the effective date of April 15, 2003.

Signature of Patient / Patient Representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_

### **- FOR OFFICE USE ONLY -**

*To be completed only if the patient chooses not to sign the acknowledgment form:*

Name of Patient: \_\_\_\_\_

Reason not signed: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_