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.

enective date of April 13, 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:

This form may be completed online and printed, or printed as a blank sheet. Use the buttons to print or reset this form.