

Nova Family Podiatry, P.C.

Acknowledgment of Privacy Practices

I, _____ acknowledge that I have received a copy of Nova Family Podiatry, P.C. Notice of Privacy Practices. This notice describes how Nova Family Podiatry, P.C. may use and disclose my protected health information, certain restrictions on the use and disclosure of my health information, and rights I may have regarding my protected health information.

Signature of Patient/Personal Representative

Date

Relationship to Patient