

Nova Family Podiatry, P.C.

Acknowledgement of Receipt of Notice of Privacy Practices

I, _____ acknowledge that I have received a copy of Nova
(Name of Patient)
Family Podiatry, P.C.'s Notice of Privacy Practices. This notice describes how Nova
Family Podiatry, P.C. may use and disclose my protected health information, cer-
tain restrictions on the use and disclosure of my healthcare information, and rights
I may have regarding my protective health information.

(Signature of Patient and /or Personal Representative)

(Date)

(Relationship to Patient)

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