

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have been provided and or offered a copy of **DFW FOOT AND Ankle’s** Notice of Privacy Practices. This office’s Privacy Practice handbook is always available to me in a binder in the lobby.

- It tells me how **DFW Foot and Ankle** will use my health information for the purposes of my treatment, payment for my treatment, and their health care operations.
- The Notice also explains in more detail how **DFW FOOT AND ANKLE** may use and share my health information for other than treatment, payment, and health care operations.
- **DFW FOOT AND ANKLE** will also use and share my health information as required and/or permitted by law.

**O NO** – DFW Foot and Ankle **may not** discuss my health care and **may not** discuss and/or make financial arrangements with anybody.

**O Yes any** – DFW Foot and Ankle **may** discuss my healthcare and/or financial information with anybody. (Including but not limited to: Spouse, children, Primary care doctor, other specialists, other relatives as necessary) **DFW FOOT AND ANKLE DOES NOT SHARE OR SELL INFORMATION WITH THIRD PARTIES.**

**O Yes Enumerated-** DFW Foot and Ankle **may** discuss my healthcare and/or financial arrangements with **ONLY** the people I have listed below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

DFW Foot and Ankle is committed to protecting your privacy regarding your healthcare, medical records and personal information. It is our goal that the policies of this office will allow us to provide the highest quality care to our patients. If you have any questions or need clarification regarding our policies please call 972-899-2170 and ask for our office manager.

Patient’s Full Name: _____ Date of Birth _____	
Signature of Patient/Guardian _____	Date: _____
Office Staff Initials _____	