ACKNOWLEDGMENT OF RECEIPT

OF NOTICE OF PRIVACY PRACTICES FOR

Brian Crispell D.P.M LLC

A copy of the privacy policy is available in the waiting room and all treatment rooms. I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or was given the opportunity to read) it. All of my questions have been answered and I understand all of its contents.

Patient Name (please print) _____

Date_____/_____/_____

Signature_____

(Parent or Authorized Representative if applicable)