



Acknowledgement of Receipt of Notice of Privacy Practices

Please sign this form to acknowledge that you have received a copy of our Summary Notice of Privacy Practices.

I acknowledge that I have received a copy of Grand Valley Foot and Ankle Center Summary notice of Privacy Practices and Policy on Prescription Drug Monitoring Program (PDMP).

_____ Date

Patient Printed Name

Patient Signature

For office use only

We attempted to obtain written acknowledgment of receipt of receipts of our Summary Notice of Privacy Practices but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An emergency situation prevented us from obtaining acknowledgment
- Other: Please Specify Below;

_____ Date

Office Personal Printed Name

Office Personal Signature