



DEER CREEK  
FOOTCARE

## HIPAA NOTICE ACKNOWLEDGEMENT

"I have received or I have been provided the opportunity to receive a copy of the "Notice of Privacy Practices" that explains when, where, and why my confidential health information may be used or shared. I acknowledge that Deer Creek Footcare, the podiatrist, and other Deer Creek Footcare staff may use or share my confidential health information with others in order to treat me, in order to arrange for payment of my bill and for issues that concern Deer Creek Footcare operations and responsibilities."

\_\_\_\_\_  
Signature of patient or person  
Authorized to consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Relationship to Person

Dependent Children's Names (if applicable):