ELMHURST PODIATRY CENTER, LTD.

277 NORTH AVENUE • ELMHURST, ILLINOIS 60126 (630) 279-6565 • FAX (630) 279-6568

ACKNOWLEDGEMENT OF RECEIPT

OF

NOTICE OF PRIVACY PRACTICES

acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have	rea
or had the opportunity to read if I so chose) and understood the Notice.	

Patient Name (please print)	Date	

Parent or Authorized Representative (if applicable)

Signature