



**DuPage Foot & Ankle**

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**PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge that I received **DuPage Foot & Ankle's** Medical Information Privacy Notice for my review prior to receiving services through **DuPage Foot & Ankle**.

SIGNATURE OF PATIENT/GUARDIAN: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP OF GUARDIAN TO MINOR CHILD: \_\_\_\_\_