

Ankle & Foot Specialists of Puget Sound, P.S.

Patient Name: _____

NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

My signature below acknowledges that I have been offered a copy of the *Notice of Privacy Practices* or directed to read the posted copy and verify that the information provided below is true.

We may need to contact you regarding your healthcare. The information would be concerning **appointments, orthotics, surgery, insurance benefits**, etc.

May we leave a message with specific information? Yes No

Authorized Phone Number(s): _____

- Appointments Yes No
- Orthotics Yes No
- Surgery Yes No
- Insurance Benefits Yes No

May we leave a message with people answering this number? Yes No

If yes, is there someone specific to leave it with ? Yes No

Name(s) of authorized Individual(s) _____

Patient or Authorized Individual Signature

Date

Printed Name of Above Signer

Relationship