

**Foot and Ankle Health Center
1100 Essington Rd. #2
Joliet, IL 60435
815-730-8200**

*Acknowledgment of Receipt
Of
Notice of Privacy Practices*

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

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

Signature