

New York Foot Care Services, PLLC

3201 Grand Concourse Ave, Suite 1-N
Bronx, NY 10468
Tel: 718-365-6363 * Fax: 866-861-0959
www.newyorkfootcareservices.com

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND OFFICE POLICY

By signing below, I am acknowledging that:

- I am either the patient or the patient's personal representative;
- I have received a copy of the "Notice of Privacy Practices" and Office Policy for New York Foot Care Services; and
- I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

Signature of patient or parent/legal guardian/legally responsible person

Date

Description of relationship to patient

TO BE COMPLETED BY STAFF

Complete all applicable parts—Please refer to instructions

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the patient or the patient's personal representative for the following reason:

- Patient/personal representative refused to sign form
 Other _____

Part 2. Complete if patient/personal representative unavailable to sign form on first date of service delivery:

- Form mailed/sent to patient/personal representative on _____

Date

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member

Date

New York Foot Care Services, PLLC

3201 Grand Concourse Ave, Suite 1-N
Bronx, NY 10468
Tel: 718-365-6363 * Fax: 866-861-0959
www.newyorkfootcareservices.com

AVISO DE PROCEDIMIENTOS DE PRIVACIDAD Y POLÍTICA DE OFICINA

Firmando abajo, estoy reconociendo eso:

- Soy del paciente el representante personal paciente o;
- He recibido una copia del aviso de procedimientos de privacidad para Aviso de Procedimientos de Privacidad y Política de Oficina; y
- Entiendo que puedo entrar en contacto con a la persona nombrada en el aviso si tengo preguntas sobre el contenido del aviso.

Firma del paciente o del padre/del guarda legal/de la persona legalmente responsable

Fecha

Descripción de la relación al paciente

TO BE COMPLETED BY STAFF

Complete all applicable parts—Please refer to instructions

Part 1. Complete if signature requested but not obtained:

Staff member sought but was unable to obtain an acknowledgment from the patient or the patient's personal representative for the following reason:

- Patient/personal representative refused to sign form
 Other _____

Part 2. Complete if patient/personal representative unavailable to sign form on first date of service delivery:

- Form mailed/sent to patient/personal representative on _____

Date

Part 3. Complete if either Part 1 or Part 2 completed:

Signature of staff member

Date