

**Acknowledgment of receipt of this notice
(Updated yearly)**

The Ankle and Foot Center Of Fox Valley, Ltd is concerned about the privacy of our patient's health care information. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care service will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

I acknowledge that I have received the Notice of Privacy Practices for the Ankle & Foot Center Of Fox Valley, Ltd.

Signature of Patient or Legal Guardian: _____

Print Name of Patient or Legal Guardian: _____

Patient Name: _____ Date: _____