



Grand Valley Foot and Ankle Center

Acknowledgement of Receipt of Notice of Privacy Practices

Please sign this form to acknowledge that you have received a copy of our Notice of Privacy Practices.

I acknowledge that I have received a copy of Grand Valley Foot and Ankle Centers Notice of Privacy Practices and Policy on Prescription Drug Monitoring Program (PDMP).

Patient Signature

Patient Name (please print)

Date

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify below):

Office Personnel Signature

Name of Office Personnel (please print)

Date