## MALVERNE & MILLER PLACE PODIATRY CENTERS

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Patient Name (Please Print)	Date
Parent or Authorized Representative (if applicable)	
 Signature	