

Charlotte Foot & Ankle Specialists
2550 W. Arrowood Road, Suite 102
Charlotte, NC 28273
704-504-4000

Acknowledgement of Notice of Privacy Practices

Our office keeps a master copy of the Notice of Privacy Policies at the front desk for you to read at your leisure. If you would like a personal copy, please let us know and we will be happy to accommodate your request.

Patient Name & Address:

By signing, I agree that I have read and understand the Notice of Privacy Practices for Charlotte Foot & Ankle Specialists.

Signature

Date

FOR OFFICE USE ONLY

We were unable to obtain a written acknowledgement of the Privacy Practices because:

- An emergency existed & a signature was not possible.
- The individual refused to sign.
- A copy was mailed with a request for a signature by return mail.
- Unable to communicate with the patient for the following reason:

• Other:

Prepared by: _____

Signature: _____

Date: _____