

**ADVANCED FOOT AND ANKLE
NOTICE OF PRIVACY PRACTICES**

Effective Date: 4/14/03

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

PATIENT ACKNOWLEDGEMENT

Our Notice of Privacy Practices provides information about how we may use disclose protected health information (PHI) about you. You have the right to review our notice and ask questions about our privacy practices. As provided in or notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting Dr. Jason Grossman, 2433 Highway 516, Old Bridge, N.J. 08857.

You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you acknowledge that you have received our notice of privacy practices.

Name of Patient

Signature of Patient

Date