

Douglas N. DeLorenzo, D.P.M.

BOARD CERTIFIED FOOT SPECIALIST Diplomate, American Board of Podiatric Surgery Fellow, American College of Foot and Ankle Surgeons

ACKNOWLEDGEMENT OF RECEIPT

OF

NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of the Notice read (or had the opportunity to read if I so choose) and	of Privacy Prace of Privacy Prace of the original to the original terms of the original	tices and that I have Notice.
Patient Name (please print)	Date	
Parent or Authorized Representative (if applicable)		· ·
Signature		