

MARYLAND FOOT AND ANKLE ASSOCIATES

DR.MICHAEL TRITTO
DR.GENE MIRKIN
DR.DENNIS WEBER
DR.DONNA GIEVERS
DR. GLENDA KING

ACKNOWLEDGMENT OF RECEIPT

OF

NOTICE OF PRIVACY PRACTICE

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

Patient Name (please print)

Parent or Authorized Representative (if applicable)

Signature

Date