

**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF USES AND DISCLOSURES
OF PROTECTED HEALTH INFORMATION
FOR
AKAMAI FOOT DOCTOR, LLC**

I hereby acknowledge that I have read the Notice of the Uses and Disclosures of Protected Health Information (the Notice") that is posted by Akamai Foot Doctor, LLC. This Notice details their Privacy Policy as required by the Health Information Portability and Accountability Act ("HIPAA"). A printed copy is also available to me from the office.

Print Your Name

Signed

Relationship to Patient

Date: _____