

Oregon Foot & Ankle Specialists, LLC

ACKNOWLEDGMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of OFAS Notice of Privacy Practices effective Date: _____

Name (please print): _____

Signature: _____

Date: _____

I am a parent or legal guardian of _____ (patient name). I have received a copy of OFAS Notice of Privacy Practices effective Date: _____

Name (please print): _____

Relationship to Patient: Parent Legal Guardian

Signature: _____

Date: _____

Is there a family member you would like for us to share your medical information with?
Please circle:

No If Yes;

Name _____ Relationship: _____

Phone Number: _____