

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE AND CONSENT
TO USE AND DISCLOSE HEALTH INFORMATION**

Read before signing the Acknowledgement and Consent

This acknowledgement of notice and consent authorizes Brandywine Family Foot Care to use and disclose health information about you for treatment, payment and health care operation purposes.

Notice of Privacy Practices. Brandywine Family Foot Care, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. You may obtain a revised notice by submitting written request to our Privacy Office.

How to contact our Privacy Officer:

Mail: Brandywine Family Foot Care
Attn: Privacy Officer
213 Reeceville Road, Suite 13
Coatesville, PA 19320
Phone: 610-383-5220
Fax: 610-383-0390

Acknowledgement and Consent

I have received the Notice of Privacy Practices for Brandywine Family Foot Care. Brandywine Family Foot Care is authorized to use and disclose health information about _____ (patient name) for treatment, payment and healthcare operation purposed consistent with its Notice of Privacy Practices

Signature of patient

Date

Personal representative information (if applicable):

Name of Personal representative

Relationship to patient (or other authority)

FAMILY HISTORY

	ALIVE: Y/N	AGE	CANCER	DIABETES	HEART DISEASE	HIGH BLOOD PRESSURE	OTHER
MOTHER							
FATHER							
BROTHER							
SISTER							
SON							
DAUGHTER							