Bradley S. Ross, D.P.M., P.C. Podiatrist/ Foot Specialist 7126 N. Lincoln Ave. Lincolnwood, IL. 60712 ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

Patient Name (please print)

Date

Parent or Authorized Representative (if applicable)

I give permission to the above named to have access to my file.

Signature