

Clifton Foot and Ankle Center P.C.

HIPAA Signature Form

Acknowledgement of Receipt of Statement of Privacy Practices

I acknowledge that I have received a copy of the Statement of Privacy Practices for the office of Dr. Kenneth R. Wilhelm, Clifton Foot and Ankle Center. The statement of Privacy Practices describes the type of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of office health care operations. The Statement of Privacy Practices also describes my rights, responsibilities and duties of this office with respect to my protected health information.

I understand that a copy of the most current version of the Notice of Privacy Practices is available both at the practice and on the practice website at www.cliftonfootandankle.com.

Patient or Patient Representative
PRINT NAME

Signature

Date