HOLLAND FOOT AND ANKLE
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Notice to Patient:

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice. You may refuse to sign this acknowledgement, if you wish.

I acknowledge that I have received a copy of this office's Notice of Privacy practices

x	x
Please print Patient's name here	Date
x	
Signature of Patient, Guardian or Legal Representative	Relationship to Patient

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The staff at Holland Foot and Ankle is trying to get a better sense of the overall diversity of our patient population. This will give us a better understanding of your needs as a patient. This confidential information is for quality monitoring purposes only and will not affect the quality of care you receive at our office.

Patient's Primary Language:_____ Email: _____

Please check whichever option applies for the questions below:

1. Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Decline

2. Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Decline

3. How do you prefer we remind you of needed preventive services:
- ☐ Mail
- ☐ Telephone

FOR OFFICE USE ONLY

We have made every effort to obtain written acknowledgement or receipt of our Notice of Privacy from this patient or patient's legal representative, but it could not be obtained because:

☐ The patient refused to sign

☐ We weren't able to communicate with patient

☐ Other (Please provide specific details)_____

Employee Signature_____ Date_____