Dr. J. Greenberg, Podiatrist
Feet-AnkleCare

ACKNOWLEDGEMENT OF RECEIPT OF PRACTICES

I, _____ have received a copy of the Jody Greenberg, D.P.M. Notice of Privacy Practices* with an effective date of April 14, 2003.

I am aware that the office of Jody Greenberg, D.P.M. will attempt to contact me prior to my procedure for the purpose of giving me necessary information, as well as collecting information from me. If I do not agree to this, I will be responsible for contacting Jody Greenberg, D.P.M. at Tel: 949-581-2520, a minimum of four (4) days prior to my procedure to make alternate arrangement.

Name of Patient: _____

Patient Signature: _____

Name of Witness: _____ Date: _____

Signature of Witness _____ Date: _____

*** Additional copies available at Dr. Greenberg's office.**