



HIPAA Acknowledgement & Medical Release Information

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES (HIPAA)

By signing below I acknowledge that I have received a copy of this office's Notice of Privacy form.

Patient (Parent or Guardian) Signature

Date

RELEASE OF INFORMATION

I, _____ authorize Birch Tree Foot and Ankle Specialists to release and/or discuss information relevant to my care to the following individuals:

Name

Relationship
