



MISSOURI FOOT & ANKLE CLINICS, P.C.
 1136 SW 40 Hwy.
 Blue Springs, MO 64015
 (816) 224-8660

By signing below I acknowledge receipt of **HIPAA Notice of Privacy Practices**.

This notice described how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you wish other to have access to your Protected Health Information, you must list the names of family members, friends, significant others, or personal representatives we are allowed to release information to. Please provide us with the Name and DOB for those individuals below.

Name: _____
 DOB: _____

Relationship: _____

Name: _____
 DOB: _____

Relationship: _____

Name: _____
 DOB: _____

Relationship: _____

PATIENT SIGNATURE

DATE

 WITNESS