



Foot and Ankle Specialists of Corpus Christi, PLLC
Medical and Surgical Treatments of Foot and Ankle
Dr. Al Kline Dr. Corey Goolsby Dr. Bradley Lawrence Dr. Amanda Figliuzzi

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received or read Foot and Ankle Specialists of Corpus Christi copy of the "Notice of Privacy Practices".

I understand that Foot and Ankle Specialists of Corpus Christi may need to use and disclose information about my health or medical problems for the purpose of arranging, conducting, or referring for my treatments, for obtaining payment for the services rendered to me and for the operations of the practice. I consent to the use of my information for the purposes of treatment, payment and health care operations.

Foot and Ankle Specialists of Corpus Christi reserves the right to modify the privacy practices outlined in the notice.

Signature of Patient _____ Date _____

Signature of Patient Representative _____ Date _____