Fred TOENGES
Shoes and Pedorthics.

HIPAA PRIVACY RECEIPT ACKNOWLEDGEMENT

Fred Toenges Shoes has provided me their Notice of Privacy Practices. By signing below, I understand that Fred Toenges Shoes will not disclose any information regarding my personal health and treatment without my consent, except for such reasons as, required by law, administrative proceedings and medical billing.

I understand I have the right to review the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices for Fred Toenges Shoes is available at the front desk at all locations.

Fred Toenges Shoes reserves the right to change the privacy practices described in the Notice of Privacy. Any changes will be available to me by calling the office, requesting a revised copy to be mailed or asking for one at the time of my next appointment.

_____ _____
Printed Name of Patient Patients Date of Birth

_____
Signature of Patient/Personal Representative (Please indicate relation)

_____
Date

I authorize the following persons' access to my protected health information (PHI):

Name	**Date of Birth**	**Home Phone Number**

Patients/Representatives signature: _____
Authorization to release PHI to the above listed individuals

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TO BE COMPLETED BY TOENGES OFFICE STAFF ONLY!

The above named patient or personal representative of the patient was given the Notice of Privacy on the date indicated, but either refused to sign the acknowledgement or did not return the acknowledgement.

_____ _____
Signature and Title of person providing the "Patients Notice of Privacy" Date