

**Fisher Foot & Ankle**

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Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I was provided a copy of the Notice of Privacy Practices and that I have read (or had the opportunity to read if I so chose) and understood the Notice.

\_\_\_\_\_  
Signature of patient or guardian

\_\_\_\_\_  
Date

\*We are trying to keep trees around, so we do not routinely give patients a copy of the Notice of Privacy Practices. It is posted next to the check-in window, and it does not vary significantly from doctor to doctor. If you would like a copy please ask and we will happily provide you with one.