

**PAUL F. BREZINSKI, D.P.M., P.C**

**MEDICAL AND SURGICAL TREATMENT OF THE FOOT**

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**RECEIPT OF NOTICE OF  
PRIVACY PRACTICES FORM**

I, \_\_\_\_\_, hereby acknowledge receipt of the physician's Notice of Privacy Practices. The Notice of Privacy Practice provides detailed information about how the practice may use and disclose my confidential information.

I understand that the physician has reserved a right to change his or her privacy practices that are described in the Notice. I also understand that a copy of any revised Notice will be provided to me or made available.

If you are not the patient, please specify your relationship to the patient.

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