



Pinnacle Peak Podiatry, PLLC  
Cathleen A. McCarthy, DPM  
Kristina Jezidzic, DPM (Dr. Jay)  
Podiatric Physicians

ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES

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

\_\_\_\_\_  
Patient Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Authorized Representative (if applicable)

\_\_\_\_\_  
Signature

7450 E Pinnacle Peak Rd, Suite 156  
Scottsdale, AZ 85255  
Tel 480-563-5115 \* Fax 480-563-5132