

Pinnacle Peak Podiatry, PLLC

7450 E. Pinnacle Peak Road, Ste 156

Scottsdale, AZ 85255

480-563-5115

HIPAA-ACKNOWLEDGEMENT OF RECEIPT

Notice of Privacy Practices

Printed Patient Name: _____

Patient Date of Birth: _____

We at Pinnacle Peak Podiatry are required by law to maintain the privacy of and provide individuals the ability to read the Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with our HIPAA Compliance Officer in person or phone at our main phone number. If you would like a copy of the Notice, it is available on our website at www.pinnaclepeakpodiatry.com or please ask at the front desk.

I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

Signature of patient or patient's representative/parent

Date

Printed name of patient or patient's representative/parent

Relationship to patient