



Four States Foot Clinic

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Receipt of Notice of Privacy Practices Written Acknowledgment Form

I am a patient of Four States Foot Clinic. I hereby acknowledge receipt of the Notice of Privacy Practices.

Patient Name: [please print]: _____ DOB: _____

Signature: _____

Date: _____

OR

I am a parent or legal guardian of _____ [patient name] DOB: _____

I hereby acknowledge receipt of Four States Foot Clinic's Notice of Privacy Practices with respect to the patient.

Guardian / Parent Name [please print]: _____

Relationship to Patient: _____ Parent _____ Legal Guardian

Signature: _____

Date: _____

For Office use only

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

