

Edgebrook Foot & Ankle Clinic  
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## **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I authorize Edgebrook Foot & Ankle Clinic to use and/or disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and health care operations. I understand that while this consent is voluntary, if I refuse to sign this consent, Edgebrook Foot & Ankle Clinic can refuse to treat me.

I have been informed that Edgebrook Foot & Ankle Clinic has prepared a Notice of Privacy Practices ("Notice") which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and health care operations. I understand that I have the right to review such Notice prior to signing this consent.

I understand that I may revoke this consent at any time by notifying Edgebrook Foot & Ankle Clinic, in writing, but if I revoke my consent, such revocation will not affect any actions that Edgebrook Foot & Ankle Clinic took before receiving my revocation.

I understand that Edgebrook Foot & Ankle Clinic has reserved the right to change his/her privacy practices and that I can obtain such changed notice upon request.

By signing this consent form, I acknowledge receipt of Notice of Privacy Practices of Edgebrook Foot & Ankle Clinic.

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**Signature of patient or patient's representative**

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**Date**

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**Printed name of patient or patient's representative**

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**Relationship to the patient**