

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

**Shoreline Foot and Ankle Center, PC  
5 Pequot Park Road; Suite 201  
Westbrook, CT 06320**

**Shoreline Foot and Ankle Center, PC  
341 Montauk Avenue  
New London, CT 06320**

**Darren J. Courtright, DPM, President & Privacy Officer, (860)339-5107**

NAME OF PATIENT:

I, hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that I may request a copy of any amended Notice of Privacy Practices at each appointment.

DATE:

SIGNATURE:

PLEASE PRINT NAME:

PHONE:

If not signed by the patient, please indicate your relationship to the patient.

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For Office Use Only:

Signed form received by: \_\_\_\_\_