

**PRIVACY PRACTICES ACKNOWLEDGEMENT**

**Orangetown Podiatry PC**  
100 Dutch Hill Road  
Suite: 270  
Orangeburg, NY 10962  
(845) 365-3100

**ACKNOWLEDGEMENT FORM**

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I give Orangetown Podiatry the right to release any of my medical information to the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_