

SCHUSSLER FOOTCARE CENTERS, PLC

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____ acknowledge that I have received a copy of
(Name of Patient)
Schussler Footcare Centers, PLC's Notice of Privacy Practices. This Notice describes how Schussler
Footcare Centers, PLC may use and disclose my protected health information, certain restrictions on
the use and disclosure of my healthcare information, and rights I may have regarding my protected
health information.

(Signature of Patient, or Personal Representative)

(Date)

(Relationship to Patient)