

Notice of Privacy Practice
Acknowledgement

Kevin W. Davis, DPM
312 Northcrest Drive
Springfield, TN 37172

We keep a record of Health care services we provide you. You may ask to see and copy that record. You may ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your records or get more information about it by contacting Medical Records.

Our **NOTICE OF PRIVACY PRACTICES** describes in more detail how your health information may be used and disclosed, and how you can access this information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

Signature:

Date:

Printed Name if signed on behalf of patient

Relationship (parent, legal guardian,
Personal representative, etc.)

(Notation, if any, by staff)

This form will be retained in your
medicare records.

Privacy Act 04/2003